Partnership Defined Quality Facilitation Guide

A training supplement for the book *Partnership Defined Quality: a tool book for community and health provider collaboration for quality improvement*.

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Partnership Defined Quality Facilitation Guide

Introduction

Save the Children developed and tested the "Partnership Defined Quality" (PDQ) methodology in 1996 in response to learning that providers and communities had different definitions and priorities for quality of care. The methodology was expanded and piloted in Nepal, Haiti, Pakistan, Uganda, Rwanda, Azerbaijan, the West Bank, Georgia, and Ethiopia.

In January, 2003 Save the Children published the PDQ manual: *Partnership Defined Quality: a tool book for community and health provider collaboration for quality improvement*, which was designed as implementation guide and tool kit for field use.

This facilitation guide is designed as a training supplement for the PDQ manual. The guide will enable the facilitator to conduct a PDQ training that will enhance the participants' understanding of when and how PDQ can be used to strengthen quality and access, and equip them with the skills necessary to adapt and implement PDQ in their programs.

The guide follows the format of the PDQ manual and is outlined by topic rather than training days to allow facilitators the flexibility of tailoring the training to a specific period of time and a specific audience. Each section offers guidance on facilitation techniques along with a set of suggested exercises, handouts, Power Point presentations, and other learning tools. The suggested order, to use/present the materials, is indicated in the content section and again at the beginning of each section. The components are in the order of their suggested use. A sample 3-day training agenda is included at the beginning of this guide.

The PDQ tool book is available on the internet at:
www.savethechildren.org/technical/health/PDQ_Final_Manual.pdf

This facilitators guide contains some exercises from the Save the Children's *How to Mobilize Communities for Health and Social Change (*CM handbook*.)* A complete copy of the handbook will greatly enhance any PDQ training. The CM handbook is available on the Internet at:
http://www.hcpartnership.org/Publications/Field_Guides/Mobilize/htmlDocs/cac.htm

How to Use This Facilitation Guide

This facilitation guide is designed as a training supplement for the PDQ manual for those who wish to train others to understand and utilize the PDQ approach to quality improvement. The facilitators are encouraged to tailor the materials and training to participants needs. Therefore, facilitators must carefully review these materials in advance and make the appropriate adaptations and adjustments.

Each module includes the following materials:

- A PowerPoint presentation of the didactic material
- Presenter notes providing supplemental notes explanations, and examples to allow the presenter to elaborate on the slides as needed. The notes reside in the actual PowerPoint files, which accompany this guide.
- A copy of the PowerPoint slides in the text for quick review by the facilitators.
- A list of necessary supplies for the course
- A suggested schedule of training with time frames for each activity
- Examples of handouts and materials for use during the exercises
- Suggested reference materials

The draft agenda is to be used as a rough guide. It is recommended that each day begin with some kind of exercise to review the previous day. These, too, have not been planned since the sections themselves do not follow the breakdown of the days.

CONTENTS

I. Getting Started

This section presents a few exercises that may be useful before beginning the content of the workshop. These are designed to be group building, as well as an opportunity to practice some of the concepts that will be introduced in later sections of this facilitators' guide.

Included in this section are the following components:

1. Tools for Participatory Learning
2. Exercise: Using PDQ techniques to provide a "quality" training
3. PowerPoint Presentation: "PDQ Overview"

II. Planning and Design Considerations

This section guides the participants through the groundwork and decision-making process before incorporating PDQ into a new program design, or inserting PDQ as a quality improvement methodology into an existing program. Facilitators should stress the importance of each step of the planning and design processes, and allow an appropriate amount of time for the suggested discussion and activities.

Included in this section are the following components:

1. PowerPoint Presentation: "Design Considerations"
2. PowerPoint Presentation: "Defining the Community"
3. Exercise: Using Participants' Local Contexts
4. Exercise: Factors that Affect Implementation Time
5. Exercise: Key Planning Decisions Checklist
6. Handout: Defining a Community

III. Building Support

This section leads the participants through identifying all the stakeholders in the PDQ process, and discussing their roles and responsibilities. Participants will practice "pitching" PDQ to different partners and will discuss why PDQ cannot be successful without stakeholder interest and support.

Included in this section are the following components:

1. PowerPoint Presentation: Building Support
2. Exercise: Present PDQ to Potential Partners

IV. Exploring Quality

This section investigates the perceptions of quality from the participants' own experiences, the providers of health services, and the community. Because quality means different things to different people, this section identifies different perspectives, and different steps of the process toward defining quality together.

Included in this section are the following components:

1. Exercise: Active Listening
2. PowerPoint Presentation: "Exploring Quality"
3. Exercise: Preparing for Bridging the Gap

V. Bridging the Gap

This section also includes instruction and exercises in which each group expresses their own views on quality and must come together in consensus.

Included in this section are the following components:

1. PowerPoint Presentation: "Bridging the Gap"
2. Exercise: Perceptions

VI. Working in Partnerships

Now that a common vision of quality has been established, it is time to assist the QI teams through the rest of the QI action cycle. This requires a creative team working together in cooperation and respect. This section offers techniques to identify the challenges, analyze the problems, and create solutions in partnership.

Included in this section are the following components:

1. Exercise: Connect the Dots
2. PowerPoint Presentation: "Working in Partnership"
3. Exercise: Tools for Problem Analysis
4. Exercise: Solutions and Strategies
5. Exercise: Facilitation Role Play

VII. Evaluating the Process and Outcomes

This section also includes instruction an overview for ways a PDQ project can be evaluated. In addition there is a detailed presentation on the Nepal PDQ Operations Research.

Included in this section are the following components:

1. PowerPoint Presentation: "Monitoring and Evaluation"
2. PowerPoint Presentation: "PDQ Evaluation Nepal"

Wrap-up and Closure

Sample 3-day Training Agenda

The sample agenda is modified from a PDQ training provided in Bangkok in July 2004. The participants represented many different PVO's and from all regions of the globe. The time allotted for exercises and reporting back will vary greatly depending on the number of participants and the diversity of projects represented. If the training is comprised of participants from the same project team then less time will be needed for the reporting back and debriefing portion of the exercises. This sample agenda can used to guide when planning your training. This agenda should be modified according to the times available for the training, and the level of knowledge of the participants.

Sample 3 – day Training Agenda

Day & Time	Title of Activity	Description of Activity	Methodology and Facilitator's notes
DAY 1			
	Welcome / Introduction / Logistics	Review of Workshop Objectives Review of Training agenda	Slide (PPT) Presentation 1 PDQoverview (slide 1 – Objectives)
	I. Getting Started:		
		Tools for Participatory Learning	Use the facilitator's guide for explanation of tools
	Exercise 1 – Defining a "quality" training or workshop	Using PDQ techniques to provide a "quality" training or workshop Present back to group and discuss what was learned	Use the facilitator's guide for Exercise 1 Agree on the definition of a quality training – also we want suggestions as to how we will know when we have achieved it
	PowerPoint Presentation: "PDQ Overview"	What is PDQ and when would you use it Open Forum for questions	Slide 3 - 29 (PPT) Presentation (1 PDQ Overview)
	Small Group Discussion 1	Participants share the context where they were thinking on using or applying PDQ	Transition slide for SGD 1 (instructions on the slide and slide notes)

	II. Planning and Design Considerations		
	PowerPoint Presentation: "Planning and Design Considerations"	• Identify needed skills • Defining your goals and objectives • Identify the level of service • Defining the "Community"	Slide (PPT) Presentation 2 DesignConsiderations
	Exercise 2– Local Context	"Using Participants Local Contexts"	Transition slide for Ex.3-4 Use the facilitator's guide for Exercises 2
	Exercise 3- Time Line	"Factors that affect Implementation time"	Transition slide for Ex.3-4 Use the facilitator's guide for Exercises 3
	Wrap-up of Planning and Design Consideration session, and the day's discussion	Recap and questions Review Question board & burning questions box	Are all the questions answered – any new, any outstanding to address later?
DAY 2			
	Recap of previous day	Recap of Planning & Design Considerations	Review and Questions
	Exercise 4	"Key Planning Decisions Checklist"	Use the facilitator's guide for Exercise 4
	III. Building Support		
	PowerPoint Presentation: "Building Support"	Overview of key points of building support	Slide (PPT) Presentation 3 Building Support Presentation
	Exercise 5- Pitch Exercise	"Present PDQ to Potential Partners" Groups to develop and present their pitches.	Use the facilitator's guide for Exercise 5
	Wrap-up Building support session	Recap and questions Review Question board & burning questions box	Open forum/discussion
	IV. Exploring Quality		
	Exercise 6- Active Listening	"The role of Active Listening in PDQ"	Use the facilitator's guide for Exercise 6
	PowerPoint Presentation: "Exploring	Overview of Exploring Quality	Slide (PPT) Presentation 4 Exploring Quality intro

	Quality"		
	Exercise 7	"Preparing for Bridging the Gap"	Use the facilitator's guide for Exercise 7
	Wrap-up Exploring Quality session	Recap and questions Review Question board & burning questions box	Open forum/discussion
	V. Bridging the Gap		
	PowerPoint Presentation: "Bridging the Gap"	Overview of Bridging the Gap	Slide (PPT) Presentation 5 BridgingtheGap
	Tone-setting Exercise	"Perspectives"	Transition slide for Tone-setting Exercise 8. Use the facilitator's guide for this Exercise 8
	Wrap-up Bridging the Gap session	Recap and questions Review Question board & burning questions box	Open forum/discussion
	Preparation for next day	Select participants for Exercise 12- Facilitation Role play to allow them to prepare	
DAY 3	***VI. Working in Partnership***		
	Recap of previous day	Recap of previous day's sessions	Review and Questions
	Tone-setting Exercise	"Connecting the Nine Dots"	Transition slide for Tone-setting exercise. Use the facilitator's guide for this Exercise 9.
	PowerPoint Presentation: "Working in Partnership"	Overview of Working in Partnership	Slide (PPT) Presentation 6 WP-presentation
	Exercise 10 – Problem solving Exercise 11 – Action planning exercise	"Tools for Problem Analysis" (the Fishbone Analysis) "Solutions and Strategies"	Transition slide for Exercises 10 & 11 Use the facilitator's guide for Exercises 10 & 11
	Exercise 12 – Facilitation Role Play	Facilitation Role Play	*Participants were selected the previous day for this exercise Use the facilitator's guide for Exercises 12

	VII. Evaluating the Process and Outcomes		
	PowerPoint Presentation: "Monitoring & Evaluation"	Overview of Monitoring & Evaluation of PDQ	Slide (PPT) Presentation 7 Monitoring Eval
	PowerPoint Presentation: "Evaluating PDQ in Nepal"	Presentation of the PDQ Operations Research in Nepal	Slide (PPT) Presentation 7 SaveNepalevalOR
	Wrap-up session	Recap and questions Review of the PDQ Tool book - Are all the questions answered? Are there any new or outstanding questions to address later? - Local context and challenges	Transition slide for the Wrap-up session
	Participant Evaluation		
	Closing session		

SECTION I: Getting Started

This section presents a few exercises that may be useful before beginning the content of the workshop. These are designed to be group building, as well as an opportunity to practice some of the concepts that will be introduced in later sections of this facilitators' guide.

The Learning Journals and Burning Questions should be introduced after any icebreaker that may be used. These are tools the participants can use, throughout the training, to maximize their learning. The exercise "Using PDQ techniques to provide a quality training" will allow you to apply PDQ techniques in providing quality training as defined by the participants and it will give the participants their first glimpse of exploring quality. The PowerPoint presentation is a brief overview of the PDQ methodology and includes goals of the training. The suggested order of the materials for this section is listed below.

** Note -The* Jeopardy Game: can be used at the end of each day or at the end of the training, as a fun and interactive method to evaluate and reinforce learning.

Included in this section are the following components:

1. Tools for Participatory Learning
    a. Learning Journal
    b. Burning Questions
    c. Jeopardy Game

2. PowerPoint Presentation: "PDQ Overview"
3. Exercise: Using PDQ techniques to provide a quality training

Materials needed:

Flip chart paper
Colored markers
Index cards
Colored paper
Small basket, box or bowl
Push pins/ or tape

Facilitating a PDQ Workshop

Tools for Participant Learning

Objective:

1. To introduce ways to monitor participant learning throughout the training.

Time: 30 minutes

Materials: Colored paper, flip chart, markers, copies *of the Learning Journals*

Planning Notes and Preparation:

- Make a copy of the *Learning Journal* for each participant (Handout is attached after this exercise).
- Prepare 1 medium sized empty box or any container with a label that reads "Burning Questions"

Procedure/Steps:

1. Explain the objective of the session. Discuss that the purpose of training is learning. The point is to make sure trainees deepen **their** knowledge and develop **their** competence. In an effort to evaluate learning, you may want to think of your training in terms of **operational and observable competencies** – not in terms of topics. At the end of the day, trainees should be able to define, recognize, explain, distinguish, analyze, use or do whatever it is you set out to train them to do.

2. There are many methods to monitor learning. Explain that you will be sharing three of these methods:
    a. Learning Journals
    b. Burning Questions
    c. Jeopardy Game

    a. Explain that a ***Learning Journal*** is a method to help participants reflect on their own learning, as well as help the facilitator monitor outstanding questions and concerns of the learner. See Handout, *Learning Journal.* Sufficient copies of Learning Journals should be made for the duration of the training so that participants can complete one each day. Participants should give their ***Learning Journal*** to the trainer at the end of the day so that the trainer can review it in the evening, make comments, note areas that need to be reviewed in the workshop, and return to the participant the following morning. Learners should keep their *Journals* in their notebooks for future reflection.

b. Providing an opportunity for learners to ask their ***'Burning Questions'*** is a method to allow for reflection, question and discussion during a workshop. An empty box can be labeled with a colored piece of paper titled, ***'Burning Questions.'*** Throughout the workshop learners can write the questions they need answered or clarified on a piece of paper. At intervals during the workshop the facilitator should allow sufficient time to select and answer questions that have been submitted. (This is an excellent way to encourage questions from those learners who may be embarrassed or shy about asking questions.)

c. The **Jeopardy Game** is a fun method to evaluate learning of the participants using the Jeopardy Board game. It is based on a question and answer format with participants forming themselves into two competitive teams. The team with the highest score wins the game. The Jeopardy Game is explained in detail in the attached handout. It can be used each day or can be done at the end of the training to evaluate learning and revisit key concepts.

HANDOUT (1-a)

My Learning Journal

Name:_____

Day:_____

What I learned today…….

What I need further clarification on…….

HANDOUT (1-c) for the Facilitators

Jeopardy Game!!

Time: 20_minutes

Materials: Colored papers, a timer or a watch with a second hand, prepared Jeopardy Board Game, flip chart that will serve as scoring chart of teams, markers

Preparation:

1. Prepare questions on folded colored papers (Yellow, Blue and white). There should be one question per colored paper. The question should be hidden on the inside fold, while the Point Allocation or value is written on the outside of the fold. Research the appropriate answers to the question so that you will have these ready for game players.

   Sample Questions to be written on the colored papers:
   100 Point Questions (write on Yellow paper)

   - Name the phases of PDQ
   - Name one method for discovering underlying/root causes to a particular issue
   - Name 3 factors that will impact your implementation time line.
   - In addition to defining quality what are the other two areas of community involvement?
   - Name three advantages of working with an 'established group'
   - Name two disadvantages of working with an established group

   200 Point Questions (write on Blue paper)

   - During the exploring quality phase, name 3 objectives
   - Name three key planning decisions to implement a PDQ project
   - Name two obstacles in the development of successful action plans
   - What are three benefits of involving the community in quality improvement?

   Bonus Questions to be given 300(?) or 500 points (write on white paper)

   - Describe the skills needed on a PDQ implementation team

2. Using the folded colored papers, prepare a sample of the Jeopardy Board Game which will look something like this:

Question Value	*Question Value*	*Question Value*
100 points	200 points	Bonus Question
100 points	200 points	Bonus Question
100 points	200 points	Bonus Question
100 points	200 points	Bonus Question

Procedure / Steps:

1. Ask the participants to distribute themselves into 2 teams (or more if necessary). To make it fun, each team can select a name for their team.
2. Participants on a team will make all decisions together, such as what question to choose, discuss on the appropriate answer, and select who should provide the answer from their team.
3. The questions are graded in difficultly according to the value of the question. For example a 200-point question will be more difficult than a 100-point question, and a 500-point (or 300-point) question will be more difficult than a 200-point question. (As a fun alternative, points can be given the name of a local currency)
4. To start the game, a coin is tossed to determine which team is allowed to select a question first. Once a team has selected a question, they have 30 seconds to respond. The game facilitator must have a second hand on his/her watch to keep the time!
5. If the team provides the correct answer within the allocated amount of time then they will earn points that will be posted on the scoring chart.
6. If the team does not provide the correct answer, automatically the other team is given a chance to respond.
7. The team that responds correctly is allowed to choose the next question.
8. The game ends when all the questions have been selected. The team with the highest score wins! (As an alternative, the losing team can be given an assignment for the next day – like doing the recap or doing the icebreakers.)

Closure / Debriefing notes (to synthesize the Game):

This is a fun activity to help evaluate learning. It is based on a question and answer format, with participants forming themselves into two competitive teams. Ask the participants for any suggestions for other questions that would be useful for this game. Explain that they could also apply the same game when they conduct their training on PDQ.

Getting Started:

Exercise 1: Using PDQ techniques to provide a "quality" training or workshop

Objectives:

1. To learn how PDQ can be applied to other projects.
2. To provide an understanding how each person, group or community sees or defines quality differently.
3. To modify this training to meet the participants' definition of a quality training.

***Time*:** 45 minutes

Materials: Flip chart paper, Markers, copies of the Guide questions for the groups

Preparation:

Guide Questions:

a. Make 2 columns in a flip chart for your team. Title column 1 as Positive factors, and column 2 as Negative factors.
b. Discuss a workshop or training (you have attended in the past) in which you had a positive experience – and list the factors that made it positive. Write them in column 1 on the flip chart.
c. Then discuss a workshop or training (you have attended in the past) in which you had a negative experience and– list the factors that made it negative. Write them in column 2 on the flip chart.
d. You have 20 minutes to compile your list.

Procedure / Steps:

1. Briefly explain that you will be applying the PDQ methodology to create a "quality" training or workshop. In order to do that you will need the participants input to define features of a quality training or workshop.

2. Have the participants break into groups if necessary (6 or 7 persons per group is ideal). Provide each group with two sheets of flip chart paper and a list of guide questions.

3. Each group should have a recorder and a presenter. Within each group, guide questions will be discussed and answers will be listed in a flip chart for presentation afterwards. Allow 20 minutes for the group to complete their list.

4. Gather all the groups together for the plenary session. Have each group present their lists of quality factors (positive and negative). Help facilitate exchange, sharing and consolidation of learnings from the exercise using the discussion questions below. Synthesize and close the exercise using the debriefing notes.

Discussion Questions:

- Are any of the factors the same but listed as a positive in one group and a negative in another? For example "too structured" versus "not enough structure" or "too much group work" versus "not enough group work?"

- Do the participants (see that they) have different perspectives on a quality training?

- Why is it important for us (the facilitators) to understand your (the participants) perspectives on a quality training or workshop?

Closure and Debriefing notes:

1. This activity aims to emphasize the fact that each individual's, group's or community's understanding or definitions of quality differ. As mentioned in the Phase 2 – Exploring Quality session in the PDQ Tool book (on page 19) - *"Instead, perceptions of and expectations for quality comes from people's own understanding and personal experience."*

2. This exercise also shows how PDQ can be applied to other projects where quality factors or issues that will help towards its' successful implementation, are identified and defined in a way that involve active participation and partnership of all the stakeholders.

3. For the purpose of this training, the facilitators together with the participants should try to develop a consensus on the main quality factors to apply to this training. As it will help the current facilitators (as well as the participants who will become future PDQ facilitators) to modify or adjust the training to meet their participants' definition of a quality training. Leave the list in a visible place for the remainder of the training. These factors should be applied to the training as much as feasible.

** If the exercise is requiring more time then allotted, the facilitators can try to compile the information into a list after class. And present it the next day to the class for consensus.

PDQ Overview – PowerPoint Presentation

(Open actual Power Point file to review facilitator notes pages)

By the end of the workshop, participants will be able to:

- Describe the PDQ methodology
- Know when and how PDQ can be used to strengthen quality and access to services
- Know how to plan and design a program that incorporates the PDQ methodology
- Utilize and apply the lessons learned from other PDQ projects in program design and implementation
- Know how to evaluate the PDQ process and its outcomes
- Have the ability and understanding to train others in the PDQ methodology

1

Tools for Participatory Learning

Exercise 1 – Defining a "quality" training or workshop

2

Ancient Chinese Proverb

"*Go in search of Your People*
Love them, learn from them
Plan with them, serve them;
Begin with what they have;
Build on what they know.
But of the best leaders,
When their task is accomplished,
Their work is done,
The People all remark:
'We have done it ourselves'"

Lao Tzu

A methodology to improve quality and accessibility of services with greater involvement of the community in
defining,
implementing and
monitoring
the quality improvement process.

Where did CDQ go?

- CDQ – Community Defined Quality is a component of PDQ
- But PDQ (Partnership) recognizes the role of the providers in the process

- Enhances QI process by looking for answers outside health system.
- Focuses on health issues that most affect community.
- Engages both clients and non-clients
- Empowers community.
- Gains commitment for community resources
- Enhances equitable use of services.

When Use PDQ?

- When action is needed not just information.
- When both providers and community want change.
- When there is a willingness to be flexible.

When there is support from key stakeholders.

When there is enough time to properly implement process.

Features of PDQ

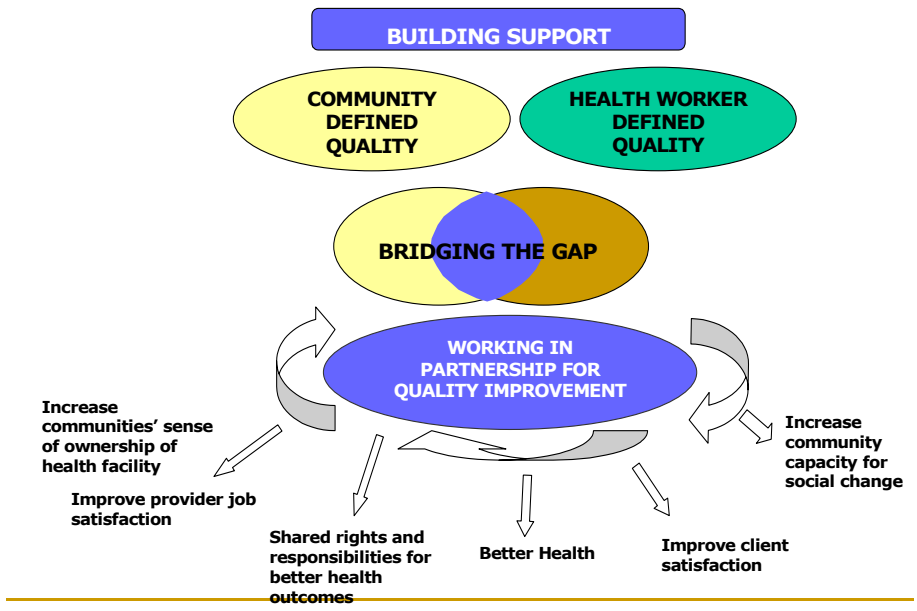
- PDQ can be a complementary strategy to other QI
- Creation of quality improvement partnerships
- Emphasis on mutual responsibility for problem identification and problem solving

Beyond Quality Improvement…

Helps eliminate social and cultural barriers to better health

Strengthens community's capacity to improve health

Creates mechanism for rapid mobilization around health priorities



Building Support

Develop the support necessary to implement the PDQ process from the health system and the communities involved.

- Need willingness to make quality improvement changes by providers
- Need management support of changes

Exploring Quality

Begin to explore the perceptions of quality from the people that provide services, those that use them, and those that never or no longer use health services.

- The “community” may vary
- Explores quality from previous experience
- Initiates rights discussion

HDQ- Health Worker Defined Quality

- Explores “what is in it for me”
- Allows all levels of providers to have a voice

Provides and understanding of the varying perspectives of quality and integrates those perspectives into a shared vision of quality

Working in Partnership

A quality improvement team comprised of providers and community determine causes, solutions and create a joint plan of action.

Examples:

- PUENTES - Peru
- PDQ – Nepal
- PDQ – West Bank and Gaza

PDQ in Peru: Puentes

THE PROBLEM:

Despite having a “quality” facility, community members were not utilizing services

- Videos produced and shared among community members and health center personnel

- Developed action plans together for improving quality
- Jointly implemented & evaluated project activities

Results

- MOH and community members report increasing utilization of health services
- Joint committees coordinate, monitor and document activities
- Tangible results include:
  - expanded hours of service
  - additional resources (human and physical)
  - community participation in improving health centers

based on national
standards had not reached peripheral facilities

ter 6 years of health
service strengthening

ity groups and other
non-users of the Health Facilities

fforts, improvements
were not sustained at the local health posts

Significant Results

- Increase in sick children seeking treatment
- Increase in service utilization by adults
- Increase in FP utilization
- Increase in appropriate infection prevention
- Increase in health worker presence
- Increase in service utilization from lower caste children

THE PROBLEM:

Facilities were over service capacity, there was wasted resources and antibiotics were over prescribed.

Results

- Decrease in waiting time.
- Greater client satisfaction with services
- Lower use of antibiotics

- Time commitment from the participants
- Maintaining political will
- Gaining true community representation and participation at all levels
- Keeping the process flexible to meet local needs
- Replication and scaling up

PDQ: Lessons Learned

- Does not require huge investment of additional resources when built into existing system improvement efforts
- PDQ can be a catalyst for other initiatives
- Dialogue often yields solutions – e.g. allows misconceptions to be clarified
- Skilled and impartial facilitators are essential

- Participants to group themselves into their own specific organizations, or specific projects.
- Each group should share with the class the context of the project where they are thinking on using or applying PDQ.

SECTION II: PROGRAM DESIGN

This section guides the participants through the groundwork and decision-making process before incorporating PDQ into a new program design, or inserting PDQ as a quality improvement methodology into an existing program. Facilitators should stress the importance of each step of the planning and design processes, and allow an appropriate amount of time for the suggested discussion and activities.

The PowerPoint presentations provide an overview of the key planning and design considerations as well as a presentation on the varying understanding of "a community". The handout on defining a community can be provided to the participants as an additional reference on this topic.

The local context exercise enables participant to begin to describe their situation and reason for using PDQ. If the participants represent different projects is also provides the opportunity for others to understand the unique aspects of their project and application of PDQ.

Included in this section are the following components:

7. PowerPoint Presentation: "Design Considerations"
8. Exercise 2: Using Participants' Local Contexts
9. Exercise 3: Factors that Affect Implementation Time
10. Exercise 4: Key Planning Decisions Checklist
11. Handout: Defining a Community

Materials needed:

Flip Charts/paper
Index cards
Markers

Identifying Skills

Defining Goals and Objectives

Do Your Homework

What are some examples of planning and design that you need to do before beginning the PDQ process?

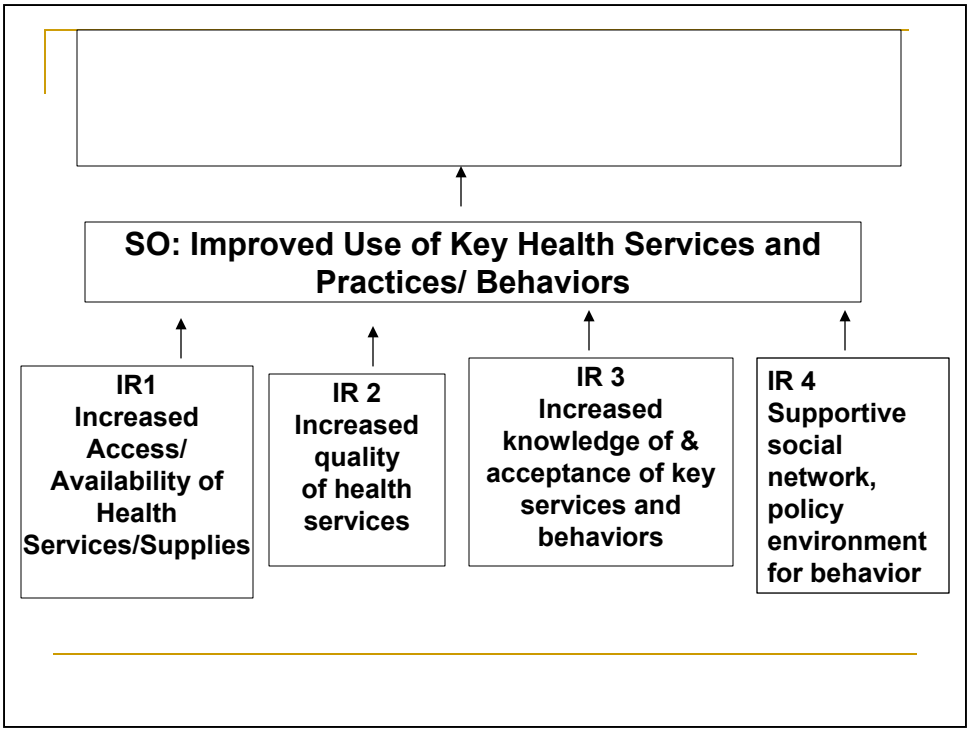
1. Identify the PDQ Team: What Skills Are Needed?

- Who are the PDQ team and supporters?
- What kind of staff training and preparation do you need?
- What type of skills do the PDQ facilitators need?
  - Language
  - Community mobilization experience
  - Contextual understanding
  - Communication/conflict resolution/problem solving training

Community Organizing		
Participatory Methods		
Program Design		
Technical Expertise		
Capacity Bldg		
Monitoring/Eval		
Training/Facilitation		

2. Define Your Goal(s)

- The goal of PDQ is clearly defined at the beginning of the process to be shared and understood by all members of the PDQ team (facilitators, partners, supporters.)
- You will always return to the goal when conducting monitoring and evaluation.



Sample PDQ Goals

Clear

- To increase equitable use of family planning services among the Quechwa population.
- To increase rational use of available services and medications

Less Clear

- To create a sense of greater responsibility among providers and community members for better health.

Clear

To increase access to and quality of MCH facility services among the poorest members of _____ district.

To improve the quality of HIV care and support services at the district hospital.

Less Clear

To mobilize people to vaccinate their children.

3. Identify the level of service

- What are you seeking to improve?
  - Community or village-based service
  - Health post or local health center
  - Referral center or outpatient service
  - District hospital
- What is the geographic focus?
- What is the programmatic focus?
  - Broad, cross-cutting OR narrower

The concept of community has evolved beyond just a group of people who live in a defined territory.

Community also refers to groups of people who are connected by common characteristics.

Types of Communities

- Women of childbearing age
- Mothers
- Fathers
- Youth
- Sex workers
- Marginalized people
- Poorest of poor

The “community” will change depending on your project goals and targets

Understand the subgroups within a community.

Include the decision makers

The goal is for honest and open discussion

Planning for Participation and Representation

- The groups that are part of the discussion should also be represented throughout the process
- True representation versus token representation is sometimes difficult but necessary

For true participation of minority or marginalized groups in the broader community, research indicates that these minority groups need to have at least a 35 percent representation to have their voices heard as a group. (Kanter, 1977).

Factors that Influence Participation

- Personal involvement
- Perceived self-efficacy
- Prior personal participation in collective action
- Strength of identification with the community
- Perceived consequences of change
- What are the costs and benefits for me/my community?

- Exercise 2 – Using Participants Local Contexts
- Exercise 3 – Factors that affect Implementation time
- Exercise 4 – Key Planning Decisions Check List

Planning and Design
Exercise 2: Using Participants Local Context

Objective:

1. To understand and apply participants local context in the planning and design components of a PDQ implementation.

Time: 20 minutes

Materials: Copies of the PDQ WORKSHOP – Worksheet 1, Guide questions written in a flip chart

Preparation:

- Make sufficient copies of Handout, *PDQ WORKSHOP – Worksheet 1,*
- Write the Guide questions in a flip chart
  Guide Questions:
  a. What is the context in which they were planning on utilizing the PDQ methodology? For the context, they should provide the region, type of facility and/or project.
  b. What are their goals and/or objectives for this project? List them down.
  c. Whom are they targeting (both providers and community)? List them down. If more than one person from an implementation team is participating, they should work in groups by team.

Procedure / Steps:

1. After the presentation on establishing goals and objectives and defining community, ask the participants to break into several groups to form teams. Provide each team with copies of PDQ Workshop - Worksheet 1. Explain that you would like them to think about the guide questions where the information asked are those relevant to the worksheet.

2. Using Worksheet 1, ask each team to fill in worksheet 1. The context should provide the region, type of facility and/or project (e.g. HIV/AIDS, MCH).

3. Gather all the groups together for the plenary session. Have each team present their context and goals in the plenary.

Closure/Debriefing notes:

This activity aims to emphasize the importance of planning well, and understanding the contexts that will affect the planning and design considerations for implementing PDQ. In addition, the exercise also points out the need to establish a goal and objectives for initiating/ applying the PDQ methodology in their work as early as possible, since it will help guide and develop their PDQ implementation plan & activities that follow.

PDQ WORKSHOP – Worksheet 1

Project: _____

Context:

Goal of this PDQ initiative:

Objectives:
1.

2.

3.

Target facility/facilities:

Target providers:

Target communities:

Stakeholders:

Planning and Design:
Exercise 3: Factors that affect implementation time

Objectives:

4. To show the many factors that can impact implementation times.
5. To consider how much local context may vary.

***Time*:** 30 minutes

Materials: Index cards, Markers,

Preparation:

- Write in marker on each of the index cards one of the factors listed below.

Examples of cards given to participants

1. Providers do not want to serve target population
2. Areas very remote and difficult to reach
3. Health committees already exist
4. Previous mobilization projects have been done in target site
5. MOH is doing a national QI campaign
6. Target population speaks a different language than providers
7. Other QI efforts have been done
8. Target site hard to reach during certain seasons
9. Providers are not facility based (VHW, or Pharmacists)
10. Well trained facilitators on implementation team
11. Little political will for project
12. Implementation Team has had experience implementing PDQ in other regions

Procedure / Steps:

1. From among the participants, request for volunteers to come to the front.

2. Give one card to each volunteer. Ask all the volunteers to line up in a straight line side by side.

3. Explain to the volunteers that you want them to read their "factor" and decide whether it will impact their timeline by taking more or less time to implement.

4. Now one by one, each volunteer should read their "factor" to the group and step forward if they think it will lessen their time or step back if they

think it will increase the implementation time. Then they should explain to the group why they made that choice.

5. Ask training participants if they can think of any other factors that would impact the implementation. List it down and discuss how it will impact their PDQ implementation.

Closure/Debriefing notes:

1. This activity aims to challenge the participants to think through various factors that possibly exist in their work and community settings, and how it may impact on their implementation times for the PDQ.

2. Considering these various factors early in the process will help them prepare for and design their PDQ plans.

Planning and Design
Exercise 4: Key Planning Decisions Check List

Objective:
To review all design considerations and planning efforts that need to be completed before implementing a PDQ project.

Time: 15 minutes

Materials: Flipchart paper, Markers

Preparation: Write the Key Planning list below on flipchart paper

Key Planning Decisions Check List

1. What do you want to achieve?
2. What indications do you have that suggest that quality is a problem?" (Drop-out rates, underutilization of services, infection rates among those who use services)
3. Who will facilitate the process?
4. What level of services do you want to impact?
5. Do we have an Monitoring and Evaluation plan?
6. Do you have representation of both service providers and support staff (who are the support staff?)?
7. What other health services are available in the community?
8. Who uses health services? Are some groups better served than others? Which are the marginalized groups in the community?
9. Who should be involved to ensure community representatives are truly representative of all groups in the community?
10. How many discussion groups will be held and where?
11. How many QI teams will be established? Who should be on the QI team?
12. What other system strengthening / QI processes are in place?

Procedure / Steps:

1. Explain to the participants that this is the end of the planning and design portion of the training. This list is a review of a summary of the design and planning considerations.

2. Ask the participants if there are any other planning or design considerations that should be added to the list. Write those suggestions on the flip chart.

HANDOUT

From Mobilize Communities for Health and Social Change (page 9)

Defining a community

As you select a health issue, you will also need to define the community or communities with which you will work. Community mobilization refers to "community" in its broadest sense. In the changing context of migration, urbanization, and globalization, the concept of "community" has evolved significantly beyond just a group of people who live in a defined territory. Today, community also refers to groups of people who may be physically separated but who are connected by other common characteristics, such as profession, interests, age, ethnic origin, a shared health concern, or language. Thus, you may have a teachers' community, a women's community, or a merchants' community; you may have a community of people living with HIV/AIDS (PLWHA), displaced refugees, teenage boys, or men with STIs.

VIII. SO. AFRICA & RWANDA Defining Community

The AIDSCAP Project defined community in a number of different ways in order to focus on groups who were particularly at high risk for STD/HIV/AIDS infection. In South Africa, sex workers and their clients represented a particular social network or 'community' at high risk. Although geographically dispersed (representing truckers, migratory labor groups, etc.), this community was approached by the project to find solutions to the dangerously high rates of sexually transmitted diseases and infections. Community mobilization efforts focused on places where members of this particular social network would gather, such as brothels and bars.

In war-torn Rwanda, Save the Children's Psychosocial Assistance Program (PSA) worked to help rebuild social networks together with widows, widowers and children to develop a 'community' of caregivers to address children's and care-takers' psychosocial needs. During the first phase of the program, staff and program participants identified a 'community' of 12,000 separated and orphaned children in 70 residential care centers. The PSA program worked with these centers to restore some sense of normalcy to children's lives through recreational activities, training for caregivers on child development and the Convention on the Rights of the Child, including the importance of play and protection. The second phase of the PSA moved away from these centers and worked with geographically determined 'community' villages. Save the Children worked to build the capacity of these communities to monitor and support separated and orphaned children. Community associations were developed and members received training and technical assistance to respond to the psychosocial needs of children and foster families.

You may be in a position to have to choose from among a number of communities, in which case you will need to establish criteria.

Your first inclination might naturally be to choose communities that have the poorest health indicators, but it is important to remember that trying new approaches also means making mistakes and learning from them. It is easier to

do this with more forgiving communities that have a history of success and can help analyze what went wrong.

In selecting the community, you should also consider issues such as whether there is strong or weak identification among members of the community, and how and whether minority voices will be heard, particularly when people who are directly affected or are at higher risk of being affected by the health need that your program intends to address are marginalized from others in the community and have limited access to information and services. For true participation of minority or marginalized groups in the broader community (rather than tokenism), research indicates that these minority groups need to have at least a 35 percent representation to have their voices heard as a group. When a minority's representation reaches at least 35 percent, it has a much greater chance of forming alliances with others that result in changes in the overall group culture. At a 40-60 split, the group begins to become more balanced and individual voices can be heard (Kanter, 1977).

SECTION III: BUILDING SUPPORT

This section leads the participants through identifying all the stakeholders in the PDQ process, and discussing their roles and responsibilities. Participants will practice "pitching" PDQ to different partners and will discuss why PDQ cannot be successful without stakeholder interest and support.

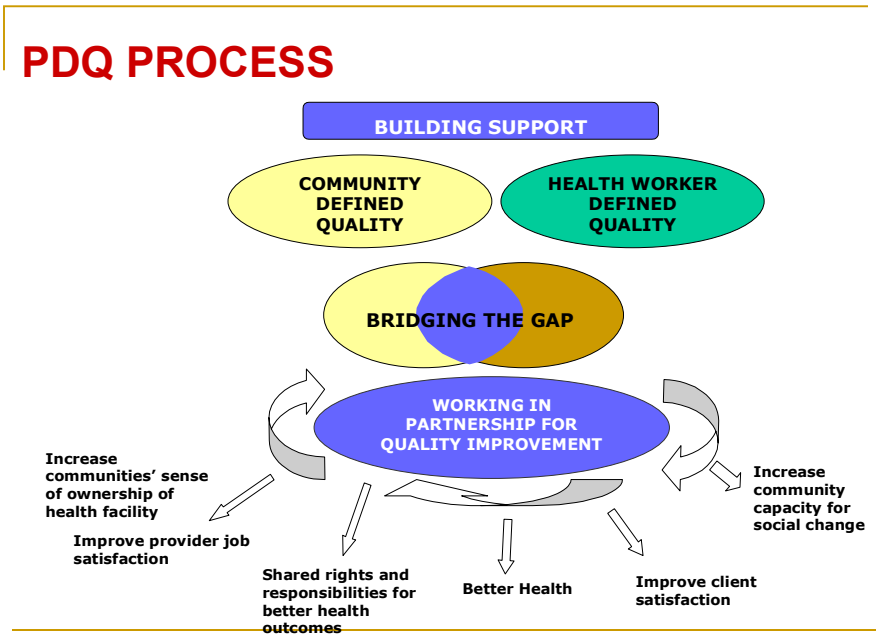
Included in this section are the following components:

3. PowerPoint Presentation: Building Support
4. Exercise: Present PDQ to Potential Partners

Materials needed:

Paper and pencils/pens for participants to make notes
Index cards with different stakeholders listed

PowerPoint Presentation: Building Support



- Need the communities commitment
- Need willingness to make quality improvement changes by providers
- Need management support of changes

Components of Building Support

- Determine who to contact
- Decide how best to present
- Present PDQ to Potential Partners

Potential Questions to Answer

- Why improve quality?
- What is the cost of poor quality?
- Why include the community?

Potential Questions to Answer

- Why improve quality?
- What is the cost of poor quality?
- Why include the community?

Group Exercise 5 – Present PDQ to Potential Partners

Building Support:

Exercise 5: Present PDQ to Potential Partners (page 17)

Objectives:

6. To develop the skills necessary to present PDQ to potential partners.
7. To consider the benefits of PDQ in different ways

Time: 45 minutes

Materials:

- Paper and pencils/pens for participants to make notes
- Index cards with different stakeholders listed (see suggestions below)
- Hand outs (photocopy pages or refer to the tool book):
    1. "Reasons why your partners might be interested in PDQ" (page 18 of the PDQ tooltool book), and
    2. "Decide how best to present PDQ" (page 17 of the PDQ tooltool book)

Preparation:

- Copies of the handouts on "Reasons why your partners might be interested in PDQ", and "Decide how best to present PDQ" (pages 18 & 17 of the PDQ Tool Book)
- Write in marker on each of the Index cards one of the stakeholders or potential partners listed below.

Stakeholders or Potential Partners
1. MOH 2. Health Workers 3. Local Community Group 4. Donor

Procedure/Steps:

5. Divide participants into groups of 4 or 5.

6. Briefly explain that each Group is going to devise a "pitch" /presentation to be given to a potential partner to garner support for your PDQ project. Hand out each group an index card with a "partner" on it so they know who will be their audience. Give each group with the PDQ handouts on "Reasons why your partners might be interested in PDQ", and "Decide how best to present PDQ" as additional tip. Ask them to think of other or additional reasons they

would want to mention that could help get the support of their partner to implement PDQ. Give each group 25 minutes to create their pitch.

7. Gather all the groups together for the plenary presentation. Have each group read their card (of their assigned stakeholder or potential partner) and then one person will present their "pitch" to the other groups as the audience.

8. NOTE: An additional step to this exercise would be for the other groups to play the role of the assigned stakeholder or partner (who is the audience during the "pitch"). At the end of the "pitch", these groups will give their feedback or evaluation and comment upon whether comment uponthey were persuaded/convinced by the pitch given by the presenting group. OtherOther groups can also give their feedback.

9. Additional discussion question: In planning their "pitches", did the group kept in mind one crucial topic discussed in components of Building support? (Decide how best to present PDQ, page 17 of the PDQ tooltool book)

Closure/Debriefing:

1. This activity aims to develop the skills necessary to present PDQ to potential partners through role-playing and good planning. Getting feedback from their group mates also helps to facilitate shared learning.

2. Indirectly, this exercise also strives to make the participants think deeper and consider the benefits of PDQ by looking at it from the perspective of their potential partners/stakeholders.

SECTION IV: EXPLORING QUALITY

This section investigates the perceptions of quality from the participants' own experiences, the providers of health services, and the community. Because quality means different things to different people, this section identifies different perspectives, and different steps of the process toward defining quality together.
Since the skill of facilitators is critical in this phase, the Active Listening exercise is a fun way to demonstrate the importance of the facilitators' active listening while exploring quality with the community and the providers.

The PowerPoint presentation provides an overview of this phase of PDQ, what the objective is for this phase and ways to avoid potential pitfalls. The participants should be reminded that they have already done a "live" Exploring Quality role-play when they helped define the quality elements of this class.
The Preparing for Bridging the Gap exercise will give the participants the opportunity to practice synthesizing information for bridging the gap through a case study and to review the decision that will be required to hold a bridging the gap meeting.

Included in this section are the following components:

4. Exercise 6: Active Listening
5. PowerPoint Presentation: "Exploring Quality"
6. Exercise 7: Preparing for Bridging the Gap

Matrials Materials needed:

Flipchart paper
Markers,
Pencils/pens and paper for participants

Phase 2 – Exploring Quality
Exercise 6: Active Listening

The importance of active listening

Objectives:

1. To demonstrate the importance of the facilitators' active listening while exploring quality with the community and the providers.

Time: 30 minutes

Materials: Flipchart paper, Markers, Pencils/pens and paper for participants

Preparation and planning notes:

- Prepare the figures needed for Step 2 (see examples at the end of this session). The figure should be made up primarily of geometric shapes that can be easily described.

- Write on a sheet of paper, the guide instructions for the volunteer to follow.
  Guide Instruction:
  1. Sit in front of the room with your back to the group.
  2. A piece of paper with a figure drawn on it will be given to you by the facilitator. Don't show it to anyone and study it carefully.
  3. When the facilitator gives you the signal, you may now describe what you see on the paper to the group using only words that refer to shape (circle, round, line, box, triangle etc.) and not words which describe the object (house, face, pillar)
  4. You are not allowed to gesture, turn back, or answer any questions asked by the participants. Wait for them to complete their drawing.
  5. When the facilitator signals, you may now face the group and show them the original drawing.

Procedure/Steps:

1. Ask for a volunteer from among the participants and tell him/her to sit in front of the room. Give the instruction sheet and the piece of paper with a figure drawn on it to him/her.

2. Explain to the rest of the group that the volunteer has a piece of paper with a figure drawn on it. He/she will describe this drawing to them, and the rule is that the participants will draw the figure described to them on another piece of paper. Thus, they should listen carefully to the volunteer and draw what he/she describes, in silence and *without asking any questions.*

3. Signal to the volunteer that he/she may start describing the drawing using only words that refer to shape.

4. When the participants have completed their drawing, ask the volunteer to show the original drawing to the group.

Discussion Questions: *(for the whole group)*

1. Did anyone among the participants get to draw correctly the figure that was described to them? If there were none, why do they think their drawing doesn't look like the original drawing given to the volunteer?

2. What do they think made this exercise difficult? (Or easy?) Request the volunteer to list down all the answers given by the participants on a board or flip chart.

3. Looking at the list of answers given by the participants, what do they think this exercise is trying to teach them on how they will need to work with the community?

Debriefing/Closure notes:

1. First, this exercise points out the importance of two-way communication where there is active & open exchange between the deliverer and the recipient of the information; where asking questions and giving answers and clarifications take place so that information passed is received correctly.
2. This exercise intends to demonstrate the importance of facilitators' active listening while exploring quality issues with the community and Health providers. The following points on active listening need to be emphasized:
    - Active listening means ensuring that you listen carefully to what a person is saying.
    - It means asking questions and providing clarification.
    - It means respect.
    - Without good active listening, the transmission of clear information will suffer and clear understanding will be delayed.
3. In addition, one point to emphasize with the group here is that sometimes facilitators may change the sense of what a person is saying when s/he writes it down on a flipchart because the facilitator:
    - has not been listening actively;
    - may have interpreted what the person has said inaccurately (especially when trying to summarize); or,
    - may have his/her own opinion and disagrees with the participant so s/he chooses not to capture what has been said accurately; or
    - may not ask any questions and thus not get at the root of what the person is trying to say.
4. It is important when you facilitate a session that you listen actively to accurately represent the voices of the participants or you may lose credibility with the group and your misrepresentation may lead to misunderstandings (e.g., "I never said

that!") You can often avoid this problem when you read back to the participant what you have written and ask whether it captures what s/he was trying to say.

Similarly, it helps to remind community participants who attend group sessions that they need to listen actively to ensure that they are really hearing and understanding what others are saying.

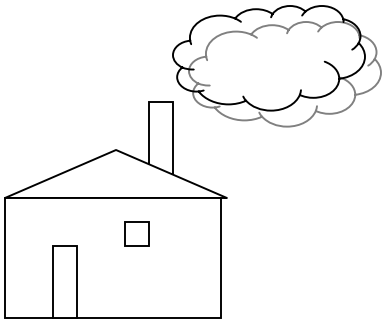
In addition in the problem-solving phase it is important to ask questions instead of just "whys". Or restate what was said for clarification. If, for example, one of the answers to why is "because we have no one to perform that service," you could state "so no one is trained to do that service."

5. *Additional Note and reminder*: The trainees/participants may also find that in some cultures (or countries), it may be difficult or challenging to obtain accurate feedback or comments from community people about their health providers due to a variety of reasons, some of which are:
    - the community people may not be comfortable due to existing cultural norms, i.e. it is considered impolite or rude to be frank and vocal especially regarding people who are in "authority",
    - some community people especially those marginalized may feel powerless and may also be afraid to articulate or voice out their opinions openly.

   It is important for PDQ facilitators to be aware of and be sensitive to these challenges in their respective communities, so that can they prepare themselves on how to deal with it in a diplomatic way yet keep the essence of partnership between their stakeholders.

Examples of Figures:

1.



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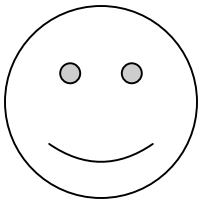

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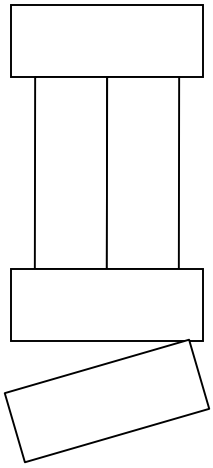
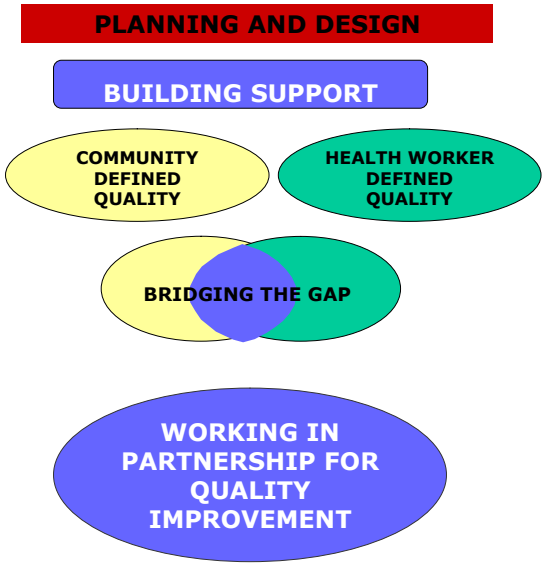


Before this presentation do exercise 6 – active listening

PowerPoint Presentation: Exploring Quality



Exploring Quality - Components

- Health Worker Defined Quality

- Community Defined Quality

- Preparation for Bridging the Gap

What are we trying to achieve during this phase?

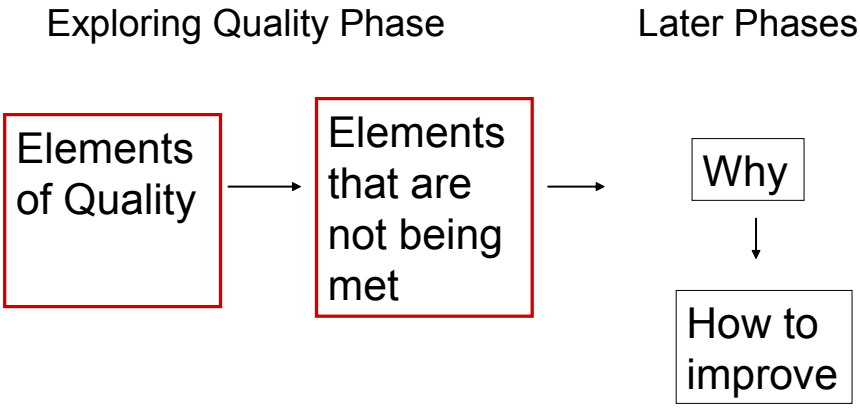
Introduce the concept of quality health services

Characteristics of quality health services

Which quality features are lacking

Explore the benefits of partnership

Synthesize the information in order that it can be "told"



Exploring Quality - HDQ

Exp

In this section there are exercises to:

- Explore motivations to become HW
- Explore HW thoughts on quality health care
- Identify and incorporate technical standards necessary for quality
- Identify challenges or gaps in service quality
- Discuss the concept of a clients rights
- Determine what they would like to gain from this process

o

It maybe necessary to do separate sessions within the health worker “community”

In a situation where health workers do not see the value in serving a certain population more time should be spent on exploring the incentives for doing so

In this section there are exercises to:

- Help participants think about other situations where they are demanding or seeking quality
- Explore communities views on good or poor quality health care through discussion or role play
- Explore the concepts of patients rights
- Identify challenges or gaps in service quality

Exploring Quality – Facilitation Tips

- Be sure to allow time for groups to give feed back on “their” definitions. Verify your understanding

- Use the “why” to get to the elements of quality versus suggested solutions

Exploring Quality – Facilitation Tips

- Be sure to allow time for groups to give feed back on “their” definitions. Verify your understanding
- Use the “why” to get to the elements of quality versus suggested solutions

Potential Pitfalls

- Not getting true representation
- Not probing enough to get at the real issues
- Having a predefined quality agenda
- Summarizing too much and losing the detail
- Good facilitator but bad recorder

- Categorizing or Grouping
- Summarize but don't homogenize
- Who should present
- Who should come
- Where should it be held
- How much cultural bridging is needed

Following this presentation – Do Exercise 7 – Preparing for Bridging the Gap

Exploring Quality:
Exercise 7: Preparing for Bridging the Gap (page 42)

Objectives:

8. To practice synthesizing information for bridging the gap
9. To review other decisions that will be required for the bridging the gap meeting.

***Time*:** 45 minutes

Materials:

- Flip chart paper, Markers
- Copies of the Quality Perceptions Case study – on sheets of paper or written on flip charts,
- Copies of page 24 of the PDQ Tool Book (on Categorizing & Summarizing responses)
- Guide questions for the participants

Preparation:

- Print copies of the Quality Perceptions case study, and write it clearly on flip charts that will be posted on the wall of the training room (see case study at the end of this exercise).
- Print copies of "Categorizing & Summarizing responses" (page 24 of the PDQ Tool Book) to serve as an example guide in grouping or summarizing information.
- Print copies of Guide questions for distribution to the groups
  Guide questions:
  Who would present each of the "views" of quality? Explain why.
  How much time would they allot to icebreakers?
  Who would they invite to the bridging the gap? Explain why.
  Where would they hold it? And when?
  What would they hope to achieve in that meeting?
  Who would do the step of problem analysis?

Procedure/ Steps:

10. Briefly explain to the participants where we are in the PDQ process. We have now conducted all our exploring quality focus group discussions and we are ready to prepare for the bridging the gap session.

11. Divide the participants into 2 groups and provide each group with copies of the case study, "Categorizing & Summarizing responses" page, and the guide question. They will have 2 tasks in this exercise:
    - They should review the case study given to them (and also posted on the wall.) Each group should divide themselves into 2 sub-groups – where the 1st sub-group will work on synthesizing the Community Issues, while the 2nd sub-

group will work on synthesizing the Health Worker issues. They should try to synthesize the information in a way that it can be presented by each sub-group (community and healthworker) at the beginning of the Bridging the gap session. They may use the Categorizing & Summarizing responses page of the PDQ Tool book a guide. The groups have 20 minutes to write down how they will synthesize the information.

- After the sub-groups have completed synthesis of the issues, they should re-join their original group. The group should now think about their context and answer the guide questions given to them. They are allowed 15 minutes for this step.

12. Gather all the groups together for the plenary session. Have the groups present their synthesized list as well as the answers to the questions. Ask them to explain why they made the choices they made.

Quality Perceptions Case Study

CDQ exercises were conducted with the following groups separately (all groups included users and nonusers):

1. Married women
2. Mother-in-laws
3. Husbands
4. Marginalized women
5. Marginalized men

HDQ exercises were carried out with:

6. Nurses from the HP
7. Support staff including cleaners is this an appropriate term?
8. Management staff including Health Post In-charge
9. Community Health Volunteers

IX.

X. Community Issues

Health Workers discriminate by caste

Health Workers are rude when you can't pay
They don't take us in order –we have to wait a long time
Injections are sometimes given by untrained staff
The facility is not open on time
You come and nobody is there except the cleaner
No one available during emergencies
I could not get anyone to help during the night when my wife was in labor
There is no queue
The were rude when I brought my child there yelling at me for waiting so long

The prices vary for the same service

They charge me more for the same medicine they gave my neighbor
There is no drinking water available
The providers give the same white tablets for all problems
Health Workers sell the medicine allocated to our health post at their private clinics
I can't wait all day for the health worker to show up, I have to work
You have to wait a long time
Some of the staff is rude
Long wait for service
Don't post office hours and change them all the time
Health workers have the medicine but don't give it out because the sell it to private patients
Health workers don't come to the facility on time
They do not respect "our" ways
Health personnel do not explain clearly about use of drugs and treatment
They don't really examine me they just give me the same medicine for everything
I don't get any information
The health worker never looks at me
I have to travel a long way to reach the health post
My husband has to come with me when I go because he doesn't trust the health workers

XI. Health Worker Issue

May not receive salary for several months
I (cleaner) sometimes am the only one available and they demand I help them
The roof leaks into our supply during heavy rains
No supervision

XII. Health Worker Issues continued

Don't have proper sterilization equipment
We do not get equipment that the MOH promised us
People can be rude
People want me to be available in the middle of the night – I can not work for free
Inadequate supply of drugs
People want free medicines
People don't follow instructions so they don't get better
People come too late for treatment, they wait until they are very sick
Don't have needed equipment
Inadequate kerosene supplies for sterilization
People go to the traditional healers first and don't trust what we tell them
People are ignorant and they don't understand what we tell them
I was just sent to this health post last month – this is not where I want to work
Many clients are not literate so it is useless writing instructions

They don't listen to me but they will do what the local healer tells them
The health post needs repair but we do not have any money to fix it
I need training
We received money from a donor for medicines but they are all gone now
People have to travel a long way to get to the health post
We don't have any emergency transportation services
We need more space for examinations
We do the best with the little equipment we have
People don't trust us- they think we sell the medicine

Discussion Questions:

1. How did your group / summarize / synthesize the information that was given to you? List all the answers in a flip chart. Did anyone do any of the following:
   - combined similar issues together to come up with just one issue?
   - created general headings and/or categories and put similar issues that are grouped together under these headings and/or categories?

2. While you were considering how you will implement PDQ given your own context and answering the guide questions, did anyone encounter any difficulties? Or did anyone find it difficult? If yes, why?

3. After reviewing other decisions that will be required for the Bridging the gap meeting, do you think you are now well prepared to proceed and conduct this next session on Bridging the gap? If no, what else do you think you need?

SECTION V: BRIDGING THE GAP

This section provides and overview of the bridging the gap phase. This expands the participants understanding of this meeting between the two groups. also includes instruction and exercises in which each group expresses their own views on quality and must come together in consensus.

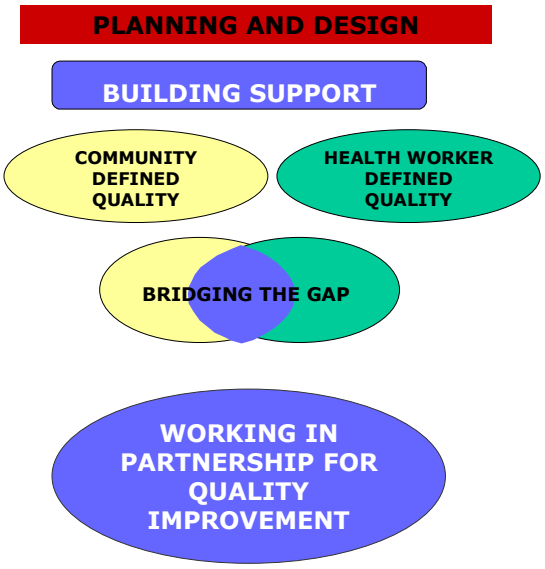
Included in this section are the following components:

3. PowerPoint Presentation: "Bridging the Gap"
4. Exercise 8: Perceptions

Materials:

- Flip chart, markers
- Enlarged illustration of a woman (preferably on a 8 x 11 sheet of paper or on a transparency), and/or
- Overhead projector and screen

Bridging the Gap Power Point



Bridging the Gap

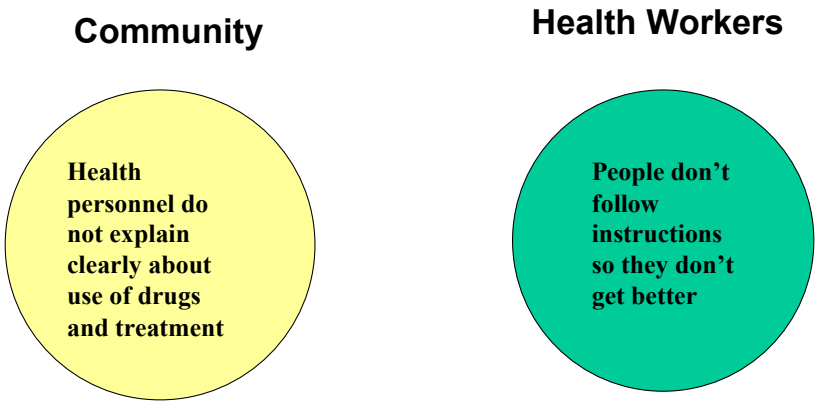
- Reintroduces the community and health workers
- Provides the opportunity to hear each others views
- Develop and understanding and agreement on quality issues/priorities or challenges
- Launch the next phase of quality improvement

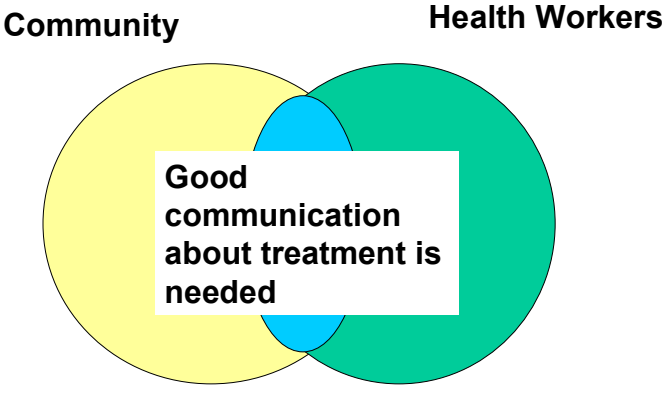
Most often there are several “Gaps”

First is the gap in social and cultural understanding of each group

Second is the gap in perspectives on the quality issues

Quality Issues Before Bridging the Gap





Do Group Exercise 8: "Perceptions"

Bridging the Gap

Exercise 8: Setting the tone for Bridging the Gap: "Perceptions"

Objectives:

1. To use a simple game that will show the impact of a person's background or attitudes on their perception of an object, event or issue.
2. To help set the tone as a start in the Bridging the Gap session towards helping the community and the Health workers engage in a sincere dialogue.
3. To serve to remind each group that although they have their own views on quality, they should also appreciate the other group's perspectives in looking at problems and differences in quality issues.

Time: 10-15 minutes

Materials:

- Flip chart, markers
- Enlarged illustration of a woman (preferably on a 8 x 11 sheet of paper or on a transparency), and/or
- Overhead projector and screen

Preparation:

Copy and enlarge the illustration of a woman (shown below) on a piece of paper (preferably 8" X 11" or A4 size or larger) as long as it will be large enough to be seen throughout the group.

As an alternative, the illustration can also be copied on a transparency that will be flashed on an overhead projector.

Procedure / Steps:

1. Show the group the illustration above for 2-3 minutes only.
2. Ask them to look at the illustration carefully. Ask what they see and tell them to write it down on a sheet of their own paper.
3. Take away the illustration now, and start asking volunteers to tell what they saw and have noted.
4. Write down all the answers of the participants on a flip chart.
5. When all the answers are exhausted, count all the descriptions given by the participants and note silently the variety of these descriptions.
6. Use the discussion questions to facilitate de-briefing of the exercise.

Discussion Questions:

1. The illustration actually gives a picture of 2 kinds of women – one is a young woman, and the other is an old woman. Can the participants see these 2 pictures now? How many can only see just one picture?
2. In total, how many descriptions did the participants give as we have listed on the flip chart?
3. Given the many/various descriptions that we obtained, why do you think this is so?

4. What do you think are the factors that affected our perspectives when we look at and describe or interpret a photo like this? (Facilitator or recorder to continue to list down answers on the flip chart.)

Answer - These factors maybe our cultural, social, educational backgrounds, may also include our prejudices and biases.

5. What implications does this exercise have for our task in looking at problems and finding solutions?

De-briefing / Closure notes

1. This exercise is used as a simple game that will provide a fun challenge to the minds of training participants (or the QI team members when used in PDQ). Most often, it requires for them to tweak their minds in order to solve the puzzle. But it will help to make them realize that most people sometimes tend to look at and interpret events and problems subjectively. This can constrain their capacity to appreciate and understand others views who have may different backgrounds. As Health workers, or as Community, people are only seeing one view of things. Each of the groups may have different views on the same problem and may have other ways and suggestions to solve it.

2. This exercise can be used with the members of a QI team to encourage them to realize that there are many ways of looking at problems and possible solutions. As mentioned in the PDQ Tool Book – "Many eyes can look at one thing and see something different."

3. It will also serve to encourage the group to go beyond their subjective views, remind them to keep an open mind so as to facilitate positive dialogue, and will help set the tone to their task of analyzing problems and looking for solutions.

SECTION VI: WORKING IN PARTNERSHIP

Now that a common vision of quality has been established, it is time to assist the QI teams through the rest of the QI action cycle. This requires a creative team working together in cooperation and respect. This section offers techniques to identify the challenges, analyze the problems, and create solutions in partnership.

The PowerPoint presentation provides an overview of this key phase of PDQ. The exercises will provide the participants with hand on practice in problem solving and ways to ensure the QI teams action plans will lead to success.

The tools for problem analysis exercise develop the skills necessary to assist the QI Team in problem analysis using the fishbone analysis to identify root causes of problems. The solution and strategies exercise uses action planning examples to illuminate the potential pitfalls of a weak action plan. The facilitation role play allows the participants to improve their facilitation skills as well as practice and exercise they can later use with the QI team.

Included in this section are the following components:

7. Exercise 9: Setting the Tone for Problem Analysis: Connect the Dots
8. PowerPoint Presentation: "Working in Partnership"
9. Exercise 10: Tools for Problem Analysis
10. Exercise 11: Solutions and Strategies
11. Exercise 12: Facilitation Role-Play

Materials:

flip chart paper **or** White board, black permanent marker, white board markers (various colors)
markers, pens

Lovely picture in second half of page.

Working in Partnership:

Exercise 9: Setting the tone for Problem Analysis: Connecting the Nine Dots

Objectives:

4. To help set the tone as a start for the QI team in doing problem analysis.
5. To use a simple game that will suggest to the QI team that their pre-existing "mental or mind set" might constrain their capacity to learn new ideas, and
6. To encourage them to "get out of their mental boxes" in analyzing and looking for solutions to problems.

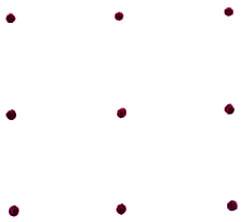
***Time*:** 10-15 minutes

Materials:

2 Sheets of flip chart with the configuration of the nine dots, **or**
White board, black permanent marker, white board markers (various colors)

Preparation:

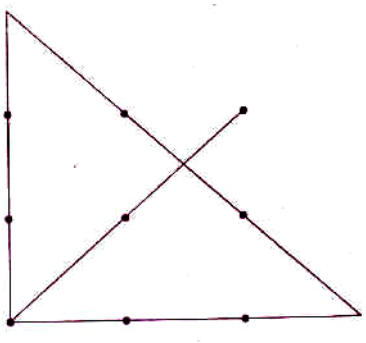
Prepare a configuration of the nine dots on a sheet of flip chart, or on a white board. The configuration should look like the figure below.



Procedure / Steps:

1.) Display the configuration of the nine dots to the group. Ask them to reproduce the dots on a sheet of their own paper.
2.) Assign them the task of connecting all nine dots by drawing four straight continuous lines without lifting their pencils or retracing a line.
3.) Allow them a few minutes to make several attempts on their own.
4.) Ask how many solved the task successfully. Then either ask a volunteer (or several volunteers) to step forward and display the correct solution.
5.) If no one among the volunteers or the participants have correctly solved the task, you may now show them the key on another sheet of flip chart. (Shown below)

KEY: THE NINE DOTS



Discussion Questions:

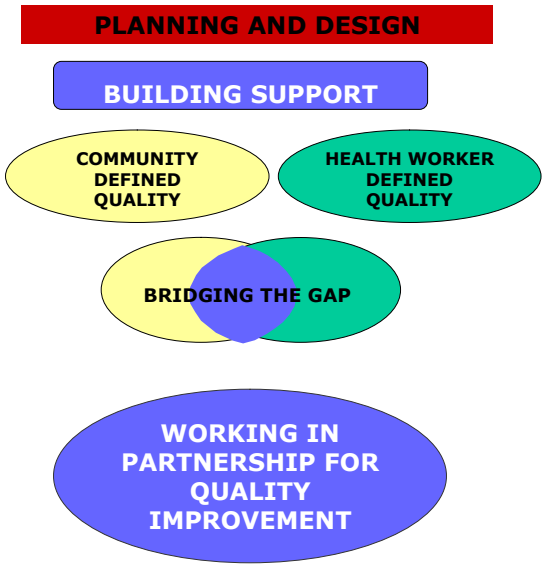
6. What is the impact in our minds of the configuration of the nine dots?
(Answer – We tend to mentally create a square and try to circumscribe it with the four lines, leaving the center dot untouched.)
7. What is the key to solving the puzzle?
(Answer – Get out of the "mental boxes" that we, or others, create for ourselves.)
8. What implications does this exercise have for our task in looking at problems and finding solutions?

De-briefing / Closure notes

4. This exercise is used as a fun and simple game that will provide a challenge to the minds of training participants (or the QI team members when used in PDQ). It will help to make them realize that most people sometimes tend to create "mental boxes" in their minds (as the dots tend to form a square) that might constrain their capacity to learn new ideas and to look at things in a different way.
5. This exercise is very useful as a fun game with the QI team members that serves to encourage them to "get out of their mental boxes" or traditional mind sets", and will help set the tone to their task of analyzing problems and looking for solutions.

Lead slide of the PowerPoint presentation indicates starting off this section with Exercise 9: Connect the Dots.

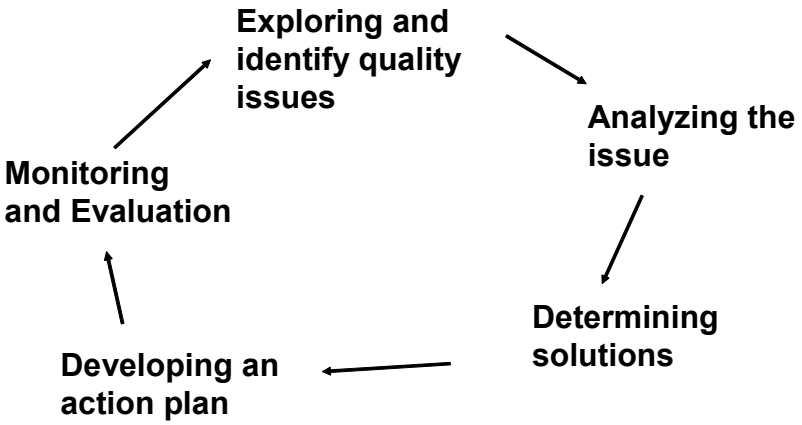
PowerPoint Presentation: Working in Partnership

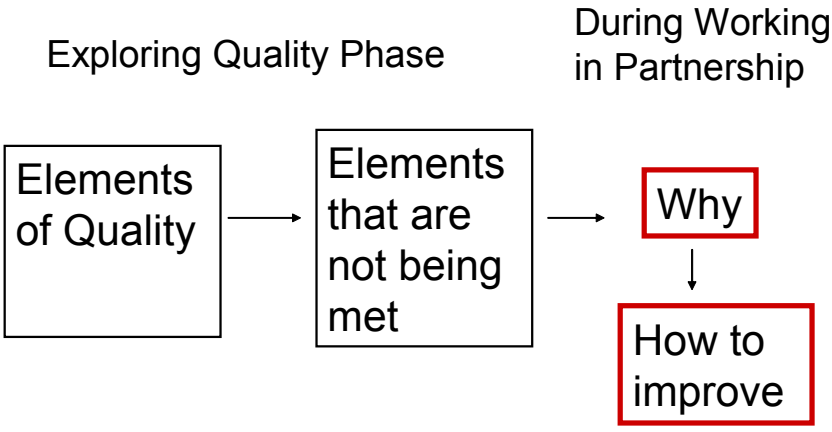


Working in Partnership - Components

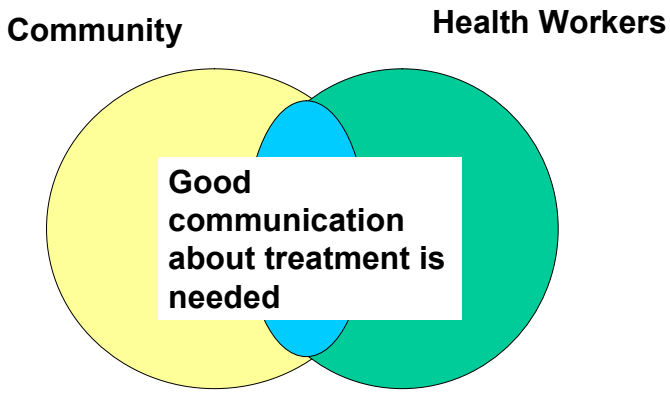
- The QA Action Cycle
- Tools for Problem Analysis
- Solutions and Strategies
- Reviewing Progress
- Tools for Self Management

QI Action Cycle Diagram





Bridging the Gap – Quality Issues



Problem	Factors	Solutions
Communication regarding treatment is poor	HW don't explain how to use medicines HW don't speak clients language Client does not ask questions	HW clearly explains –treatment/ Complications. Write instructions. Someone available who speaks language Client should clarify instructions with HW

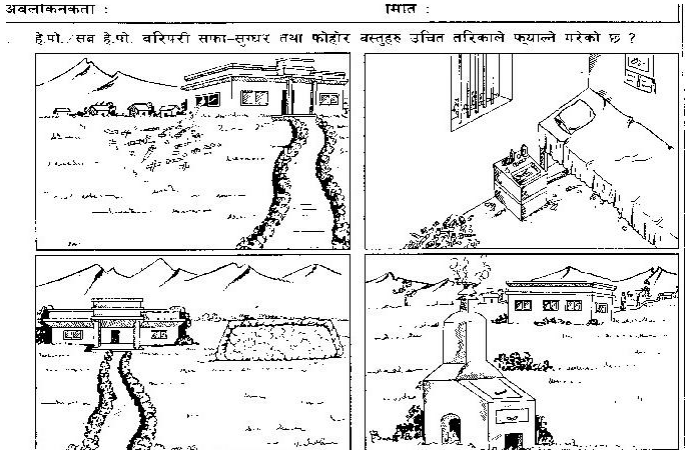
Participatory Planning

These tools can be used by the QI Team or the facility to monitor improvements

- Happy face/ Sad face jar
- Suggestion jar
- Simple exit interviews
- Simple observation check list
- Client evaluation/ pictorial

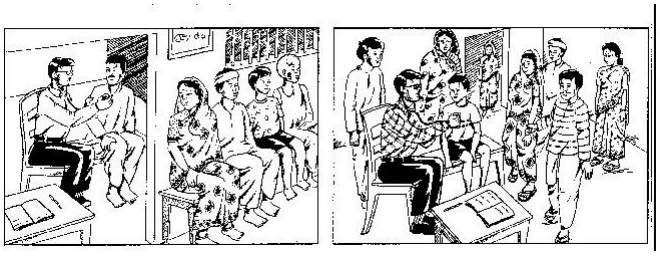
Pictorial Tool Examples

Proper Disposal of Medical Waste



Pictorial Tool Examples

Maintenance of Queue



Five characteristics of successful community groups

1. Group must address a felt need
2. Benefits to individuals participating must outweigh the costs.
3. Should be embedded in the existing social organization.
4. Must have the capacity, leadership, knowledge and skill to manage the task.
5. Must own and enforce its own rules and regulations.

Exercise 10 – Tools for Problem Analysis (the Fishbone Analysis)

Exercise 11 – Solution and Strategies

Working in Partnership:

Exercise 10: Tools for Problem Analysis – Fishbone Analysis (page 58)

Objectives:

10. To develop the skills necessary to assist the QI Team in problem analysis.
11. To use the fishbone analysis to identify root causes of problems.

***Time*:** 30 minutes

Materials:

Flip chart paper and pens to record responses

Procedure / Steps:

13. This exercise will be done with all of the participants playing the role of QI team members, and the facilitator/s playing the role of the problem analysis facilitator.

14. Briefly explain that we are going to use the fishbone analysis tool to tease out the root causes to a problem, recognizing that most, if not all, problems have many causes and thus many potential solutions. In this exercise we are going to look at the causes. There are other tools that can be used such as "But Why?" found on page 59.

15. Ask the group to list a few of the major problems involved in implementing a quality project. This can be any project – many of the issues are universal.

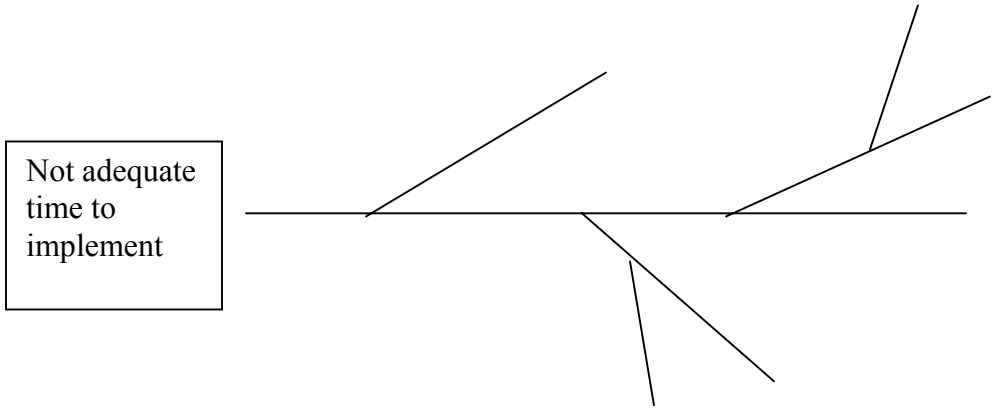
16. Write the problems identified down. Have the group choose 1 or 2 to use for this example.

17. Write the problem down as the head of the fish (as seen on page 58).

18. Now ask the participants why this occurs. See example below:

19. Using the fishbone design, draw the participants' responses. By the time you have finished the exercise, you should have many different factors that all contribute to the problem.

If the group chooses "not having adequate time to implement" as a major problem to quality project implementations, then you would put that at the head of the fish.



For each of the reasons given draw them as one of the fish bones. You can even ask why for many of them and add branches to that particular "bone". For example if they say a factor in the above example is: time for staff training is not factored in the implementation time. Why? Original staff in plan has left? Why? Other NGO is paying more or did not find out project was going to be funded until late and they found other jobs. These would be many branches off the one bone.

Working in Partnership:
Exercise 11: Solution and Strategies (page 60)

Objectives:
To illustrate how the ability of the quality improvement team to successfully solve some of their problems relies on well-designed action plans.

***Time*:** 45 minutes

Materials:
- Flip chart paper, Markers
- Copies of action planning examples or written on flip chart
- Copies of the Guide table

Preparation and Planning Notes:
- Make copies of the action planning examples (written at the end of this exercise guide) on sheets of paper that will be distributed to the small groups, or the examples can be written on flip chart that will posted on the wall.
- Distribute a guide table that the groups will use in reviewing the Action planning examples.

Guide table:

Action Plan	Critique or Weakness seen	What does this stated plan need in order to be clearer or be better designed? How could it be improved?
# 1		
# 2		
# 3		
# 4		

Procedure / Steps:
20. Provide each participant with copies of the Action Planning examples and the guide table.

21. Briefly explain that each participant should review and critique the action planning examples. Next to each action plan, they should list their comment, critique or the weaknesses they see with the plan. The weaknesses can be in any area from the problem definition to when it will be achieved. Give the participants 20 minutes to write down their findings.

22. After the participants have had enough time to review the examples, gather them back together for a plenary discussion. Use the discussion questions and de-briefing notes to facilitate exchange of ideas, and synthesize the exercise.

23. Facilitator: Use flip paper to record responses to discussion questions.

Discussion Questions:

1. Focusing on the 1st action plan, what were some of the weaknesses identified?

   Some of the issues or weaknesses for each example:

   # 1 – Problem too general

   Solutions too general

   Root causes/factors not well defined

   # 2 – Didn't explore solutions to other factors

   Time to achieve action too short

   Only one person responsible

   Solution is not very easily achieved

   # 3 - Solution and problem are vague

   It doesn't appear that problem and factors even go together

   Needed better problem analysis before going on to finding a solution

   # 4 - The factors need expanding

   Actions for Revolving Drug Fund were not broken down into achievable steps

   Only two people were assigned

2. How could it be improved?
3. Then discuss and agree together on a revised statement of the action plan. (making sure that it is clear, better designed, doable, etc.)
4. Repeat steps 1 through 3 with the other action planning examples.

De-briefing Notes:

1. This exercise aims to build the skill of the participants/trainees on helping their QI teams (for their PDQ initiatives in the future) to develop well-designed action plans. The participants/trainees can also conduct this exercise to develop the problem-solving skills of their QI teams later on.

2. It also serves to illustrate and emphasize the importance of clear and well-designed action plans in order to work out and solve the problems they have identified for their PDQ initiative. As mentioned in the PDQ Tool book – "Although a problem can appear to be due to one cause, further analysis usually reveals that there are many contributing factors or causes to each problem. Often by really exploring problems and gaining a better understanding of the root causes, solutions and strategies become more visible."

Facilitator Notes:

Some of the issues or weaknesses of each of the action planning examples:

1 – Problem too general
Solutions too general
Root causes/factors not well defined

2 – Didn't explore solutions to other factors
Time to achieve action too short
Only one person responsible
Solution is not very easily achieved

3 - Solution and problem are vague
It doesn't appear that problem and factors even go together
Needed better problem analysis before going on to finding a solution

4 - The factors need expanding
Actions for Revolving Drug Fund were not broken down into achievable steps
Only two people were assigned

Action Planning Examples

Problem	Contributing factors	Solutions	Actions	Who is responsible	When
1. Adolescent reproductive health services are not functioning well	No separate room for counseling Staff not properly trained in counseling	Management of counseling rooms Have to be sufficient IEC material in HP Need assessment of training for HP staff	HP staff better manage counseling space Obtain more IEC materials Assess staff for knowledge	Health Service Providers Save the Children QI Team members	Immediate 2 months 2 months
2. Lack of emergency transport	Remote location only 4-wheel drive can reach hospital No phone to call in emergency only radio to district center No local emergency services available	Buy a vehicle	Village mayor will look into buying a vehicle	Village mayor	2 months

Problem	**Contributing factors**	**Solutions**	**Actions**	**Who is responsible**	**When**
3. Lack of good relation among service provider and adolescent groups	Environment not adolescent friendly Adolescents not aware of services in HP	Good relation and communication among providers and adolescents Provide adolescents information about the facility and services			
4. Essential drugs are not available	Not distributed by MOH No money to buy them	MOH distribute regular supply Start a community revolving drug fund	DHO request drugs Collect money from community	District Health Officer Health Post In-charge	

Working in Partnership: Tools for Self-Management
Exercise 12: Facilitation Role Play (page 70)

For the QI team, by defining the facilitator's roles and exploring the skills needed for their success, the team will begin to create group norms. This skill building exercise can be done with the QI team.

Objectives:

7. To help determine the roles of the facilitator by the team.
8. To determine methods for successful facilitation.
9. To help begin to establish group norms.

Time: 30 minutes (for the actual role play & synthesis)

Materials:

Flip chart, markers
Separate instruction for the "assigned team facilitator"
Assigned roles to the member of the presenting team on pieces of paper

Preparation and Planning Notes:

A. Prepare the role play instruction below for the "assigned team facilitator" on a piece of paper;

Instructions for the "assigned team facilitator":

1. You are assigned as the team facilitator for today's discussion of the QI team.
2. Ask your team to sit in a circle on the meeting room floor, but you should sit on a chair so you're looking down on the group.
3. Greet the members and introduce the recorder for the discussion explaining that s/he will write down everything discussed during the session.
4. Explain that today's topic for the QI team discussion is about the problem of community people not going to the Health center for preventive health services like immunization, nutrition, FP services and others.
5. Explain to the group that you're hoping to get their ideas and opinions on why do they think the above problem is happening and, what they think the QI team should do about it.
6. Start the discussion with your team. You have approximately 10 minutes.

B. Write on 7 separate slips of paper, one of the roles listed below:

1. *Dominating*: A member who tries to take-over, influence others, & who must have last word.
2. *Timid/Shy*: A member who is hesitant to speak/participate.

3. *Expert*: A member who knows or acts as though he/she knows a great deal about the topic.
4. *Verbose/Talkative/Irrelevant*: A member who goes on and on seemingly without purpose and makes comments unrelated to the topic.
5. *Confused*: A member who appears overwhelmed/confused.
6. *Questioning*: A participant who regularly asks the facilitator his/her opinions on most things in their discussion.
7. *Cooperative team member*: A member who feels comfortable and participates equally in the discussion.

Procedure / Steps:

Instructions for the Trainer / Facilitator:

A. One day before the Role Play presentation -

1. As for volunteers to do a role play once (ideally, it's good to have 9 participants). If there are less than 9, take out one or two of the roles (e.g. the "Expert" or the "Questioning" roles)
2. Assign one of the team members to play the role of the Facilitator and give him/her the instructions written in the box above.
3. Assign a recorder – someone who will write-down all that is said during the session.
4. Separate the rest of the team members from the assigned facilitator and recorder. Ask them to get one slip of paper with a description of how they should act during the session (see above list for roles). Give them the rule that - they should keep their role secret and known only to themselves, and they should take-on the roles they are assigned during the actual presentation of the role play. They are allowed to make their own lines, dialogues and "ad-libs" during the role play.

B. During the Role play presentation

1. Ask the assigned team to present their role play, and remind them that they have 10 minutes to present. Tell the rest of the training participants that they will become the audience who will observe the presentation carefully.
2. After 10 minutes, stop the role play and start the plenary discussion using the discussion questions. Write the feedback on flip chart.

Discussion Questions: (The facilitator may ask all or just some of the questions listed below)

1. What functions did the facilitator serve?
2. What did s/he do that really helped the group discuss in an open and participatory way?

3. What were the disruptive behaviors represented in the group? How did they manifest themselves?
4. What did the facilitator do to try and manage these behaviors?
5. Are there other ways the facilitator could have used to limit these behaviors?
6. What responsibility do the rest of the members have to the team?
7. Aside from disruptive behaviors of some of the team members, were there other areas in the process of facilitating where the facilitator have difficulties? Why? What do you think the facilitator should have done to overcome these difficulties?
8. What other situations could be encountered that the facilitator would have to deal with?
9. What do you think are the best ways to deal with those situations?
10. How is facilitating different from managing or leading?
11. Why do we want to understand other people's realities and perceptions?
12. What are some of the things a facilitator needs to do? (At the minimum, the facilitator should be in charge of facilitating and directing the flow and keep the focus of the discussion.)

De-briefing / Closure notes

1. This exercise provides some entertainment, a chance for team building & interaction, and at the same time – a learning opportunity for the participants to realize the challenging and sometimes demanding role that facilitators play. It also aims to explore what the facilitator's roles are and what skills they need to be effective.

2. For the QI team, a facilitator's role is to enable open and equitable communication ensuring that all the members are fully committed to the actions taken by the team. Although not defined as such, team members also use facilitation skills in their daily lives. By defining the facilitator's roles and exploring the skills needed for their success, the team will begin to create their own group norms.

3. The addition of the disruptive behaviors in the role play was deliberately used to further the discussion on how to deal with challenging situations. In the ideal situation, all members in a group feel comfortable and participate equally. Unfortunately, this rarely happens. Depending on the setting and how comfortable we feel, there are times when all of us are able to contribute to the effective functioning of a group, but there are also times when we are not. Sometimes people, for some reason, work

against this ideal of equal participation. This may mean they are too dominant or controlling, but it may also mean they are too shy to speak up. It is the facilitator's role to try and limit dominating behavior and to try and encourage non-participants to speak up.

problem
problem

SECTION VII: EVALUATING THE PROCESS AND OUTCOMES

This section includes an overview for ways a PDQ project can be evaluated. In addition there is a detailed presentation on the Nepal PDQ Operations Research.

Included in this section are the following components:

3. PowerPoint Presentation: "Monitoring and Evaluation"
4. PowerPoint Presentation: "PDQ Evaluation Nepal"

PowerPoint Presentation: Monitoring and Evaluation of PDQ

Monitoring and Evaluation of PDQ

- How are you going to know if you achieved your goals?
- What other impacts are you going to evaluate?
- Make sure you adequately plan for the evaluation from the beginning.
- What types of data will be collected and who will be responsible for keeping it and collecting it

How to Monitor the Process

- How many CDQ discussion were conducted and who attended?
- What providers participated?
- How many QI teams were established?
- Who are the participants on the QI team?
- How many actions have been implemented?

Improved client satisfaction

Increased utilization

Greater adherence to technical standards

Improved job satisfaction for providers

Improved provider performance

Increased capacity for community problem solving?

Tools to Measure Impact Client Satisfaction

- Exit Surveys
- Printed Anonymous Questionnaires
- Pictorial Surveys
- Focus Group Discussions

Facility registers

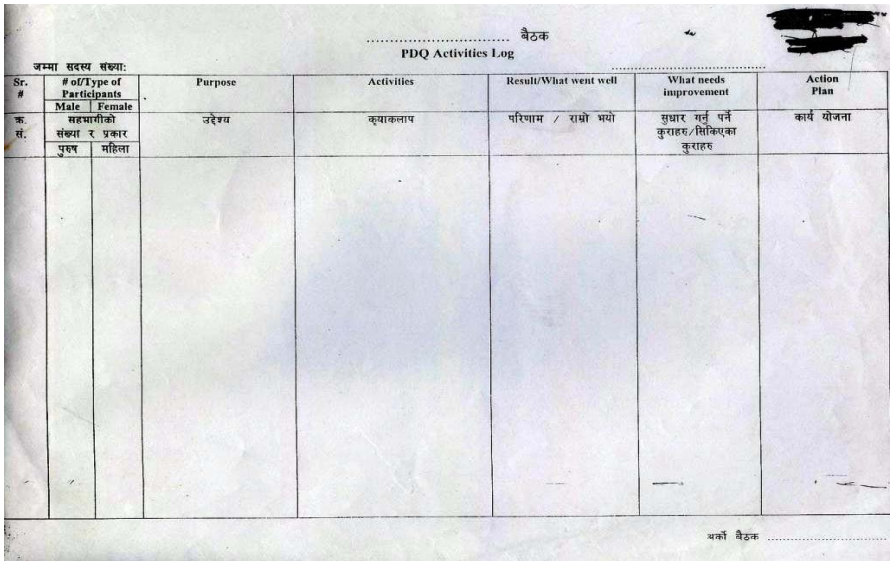
Logistics management systems

Tools to Measure Impact Health Practices

Knowledge, Practices and Coverage (KPC) Survey

- Process documentation with meeting logs and diaries
- How many of the actions implemented used community involvement/ resources?
- How many actions used resources beyond the community?

Tools for Teams to Analyze actions taken and results



..... बैठक

PDQ Activities Log

जम्मा सदस्य संख्या: .....

Sr. #	# of/Type of Participants		Purpose	Activities	Result/What went well	What needs improvement	Action Plan
	Male	Female					
क्र. सं.	सहभागीको संख्या र प्रकार		उद्देश्य	कृयाकलाप	परिणाम / राम्रो भयो	सुधार गर्न पर्ने कुराहरु/सिकिएका कुराहरु	कार्य योजना
	पुरुष	महिला					

अर्को बैठक .....

- Who are the members of the QI Team?
- Who are the leaders of the QI Team?
- How long have they been established?
- Are they satisfied with the Team?

Tools for Teams to Evaluate Themselves

सि.नं.	विषय वस्तु	प्राप्त अंक (संकेत)		
		✪✪✪	✪✪	✪
१.	पारस्परीक सहयोग Mutual Cooperation 			
२.	नेतृत्व क्षमता Leadership Skill 			

Power Point – Nepal Evaluation

Evaluating Partnership Defined Quality in Nepal:

PDQ Operations Research in Nepal

Problem Statement:

- Does PDQ lead to improved quality of Health services?
- Does PDQ lead to improved utilization of Health services?
- What community initiated solutions result?

Design:

- Experimental intervention-control study

Main Dependent Variables

1. Quality of Care

a. Provider performance

b. Client Satisfaction

c. Community-defined quality

2. Utilization of Services

3. Community-initiated Actions

Data Collection Tools

- **Established quality standards met**
  - Supervisory Observation Checklist - Exit interview
- **Consumer standards met**
  - FGDs - Pictorial monitoring tool
- **Utilization patterns changed, coverage improved**
  - Monthly collection of Health Post data
- **Community capacity increased**
  - Observe QI meetings - Discussion in community
- **Analysis of actions taken and results**
  - Process documentation with meeting logs and diaries

Periods covered by the PDQ - OR:

Pre-Intervention Period: ***Oct 1999 - Mar.2000 (6 mos)***

Actual Intervention Period: ***May 2000 to July 2001***

Post-Intervention Period: ***Oct. 2001 - Mar.2002 (6 mos)***

Areas covered by the PDQ - OR

Study Areas: 34 VDCs = 34 HP/SHP

(4 Health Posts & 30 Sub-Health Posts)

Control Areas: 28 VDCs = 28 HP/SHP

(3 Health Posts & 25 Sub- Health Posts)

PDQ Operations Research Results

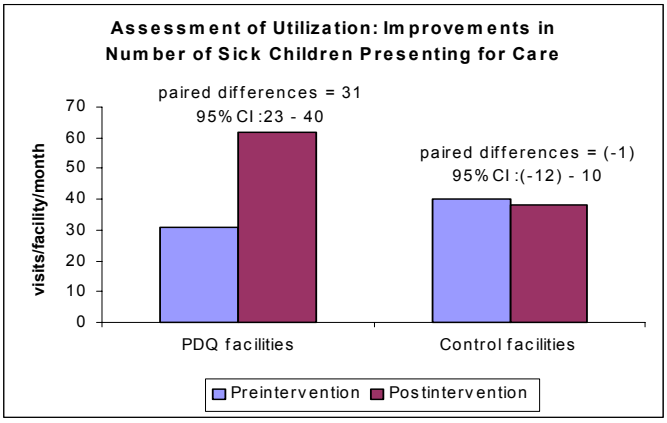
Assessing Utilization of Health Facility:

- Collected utilization data from 34 PDQ health facilities - and 28 control facilities

Analysis done on a total of 372 facility-month pairs.

	PDQ facilities	Control facilities
Total catchment population	167,351	141,670
% < 5 years of age	15% (25,103)	15% (21,251)
% of women of child-bearing age	21.7% (36,315)	21.7% (30,742)
% of "lower caste"	17% (28,450)	17% (24,084)

Number of sick children attending the Health Facilities

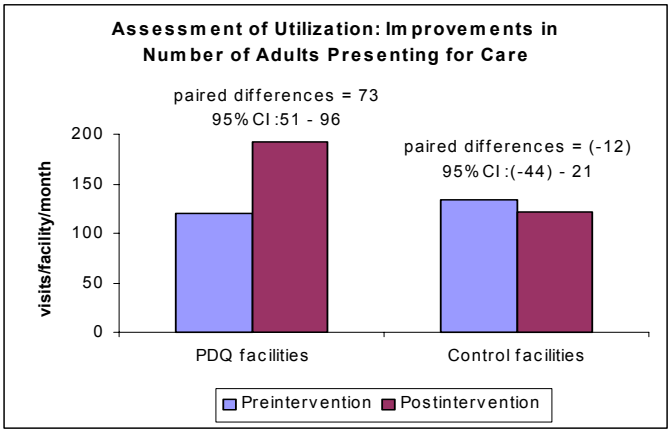


- increase in PDQ facilities from 31 to 62 visits/facility/month

- control facilities remained relatively unchanged from 40 to 38 visits/facility/month

Findings: The PDQ sites showed a significant improvement relative to the control sites in the number of sick children presenting for care ($p<0.005$)

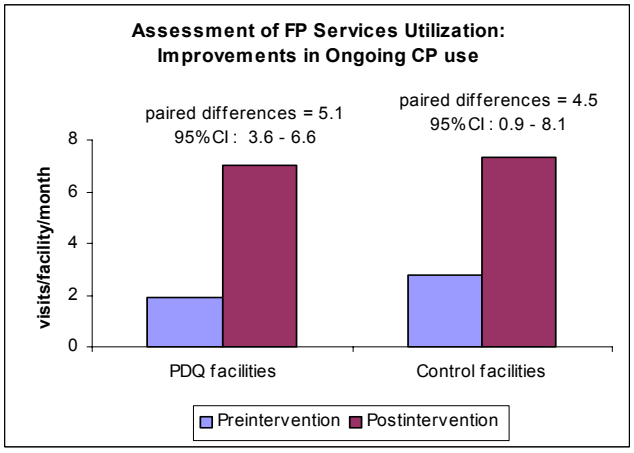
Number of adults presenting to the Health Facilities



- Increase in PDQ facilities from 120 to 193 visits/facility/month
- Decline in the control sites from 134 to 122 visits/facility/month

Findings: This suggests the PDQ intervention was associated with an increase in utilization by adults ($p<0.005$).

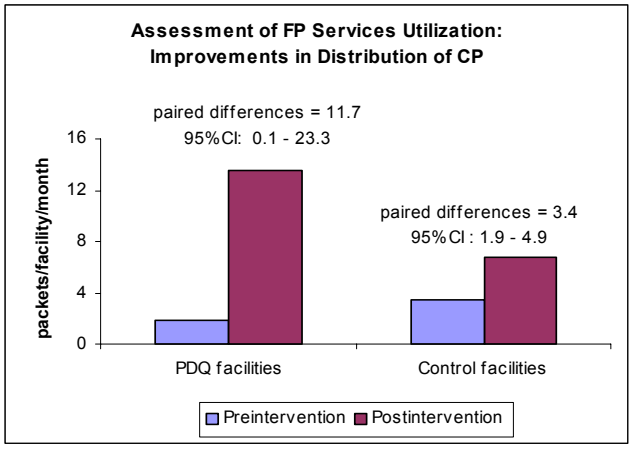
No. women presenting to Health Facilities for ongoing Oral Contraceptive use



- Improvement in PDQ sites from 1.9 to 7.0 visits/facility/month
- Increase in the control sites from 2.8 to 7.3 visits/facility/month

Findings: The improvements in visits by ongoing OC users in PDQ facilities was greater than that in the control sites ($p<0.005$).

Total no. of Oral Contraceptives distributed in the Health Facilities

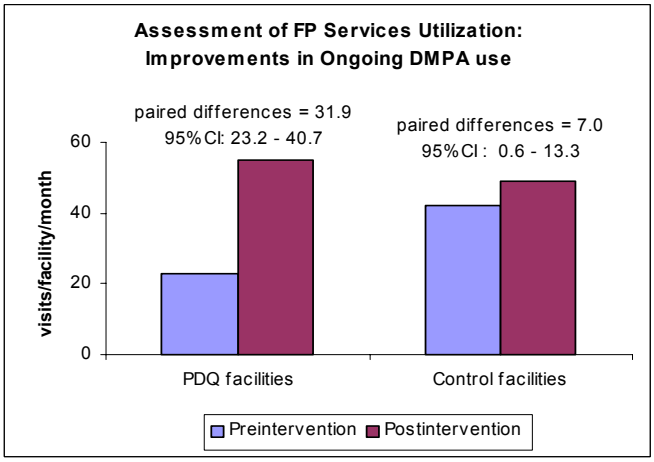


- Increased from 1.9 to 13.6 packets /facility/month in PDQ sites

- Increase in the control sites from 3.4 to 6.8 packets/facility/month

Findings: The improvements in distribution of OCs in PDQ sites was greater than in the control sites (p<0.005).

No. of women presenting to the Health facilities for ongoing use of injectable contraceptives (DMPA)



-Improvement in the PDQ sites from 23 to 55 visits/facility/month

- A modest increase in the control sites from 42 to 49 visits/facility/month

Findings: The improvement in utilization of injectable contraceptives (DMPA) was greater in the PDQ sites than in the control sites (p<0.005).

The two slides below with facilitator notes are for reference – currently they are in the PowerPoint presentation as hidden slides.

Table 2 – Family planning use indicators

	PDQ facilities			Control facilities			p-value*
	Pre-Intervention	Post-intervention	Paired Differences	Pre-intervention	Post-intervention	Paired Differences	
	Mean (SD)	Mean (SD)	Mean (95% CI)	Mean (SD)	Mean (SD)	Mean (95% CI)	
New CP users	1.3 (8.7)	1.5 (7.6)	0.2 ([-1.4] – 1.8)	0.9 (0.1)	0.9 (0.2)	0.0 ([-0.4]-0.4)	Not calculated
Condoms distributed	201.3 (266.7)	343.1 (482.4)	141.8 (76.0 – 207.6)	156.7 (209.9)	312.1 (566.8)	155.4 (79.6 - 231.1)	0.34
New DMPA users	2.3 (3.6)	4.2 (17.6)	1.9 ([-0.6] – 4.3)	2.6 (3.9)	4.3 (10.1)	1.7 (0.1 – 3.2)	Not calculated

* p-value only calculated if there is a significant change in PDQ facilities

Findings:

- No difference between the PDQ and control sites in the changes in visits by new pill users, numbers of condoms distributed, and new users of injectable contraceptives.

Table 3 – Pregnancy-related service

	PDQ facilities			Control facilities			p-value*
	Pre-Intervention	Post-intervention	Paired Differences	Pre-intervention	Post-intervention	Paired Differences	
	Mean (SD)	Mean (SD)	Mean (95% CI)	Mean (SD)	Mean (SD)	Mean (95% CI)	
New antenatal care cases	13.0 (21.5)	15.0 (12.8)	2.0 ([-1.0] – 4.9)	6.8 (15.8)	11.0 (11.5)	4.1 (1.4-6.9)	Not calculated
Ongoing antenatal care cases	6.7 (11.3)	11.7 (12.2)	5.1 (2.9 – 7.3)	5.7 (14.8)	10.0 (12.6)	4.4 (1.7 – 7.0)	0.46
New postnatal care cases	4.3 (8.5)	6.2 (5.9)	1.9 (0.5 – 3.3)	1.7 (4.7)	3.9 (5.9)	2.3 (1.4 - 3.2)	0.30
Ongoing postnatal care cases	2.9 (8.8)	4.1 (5.6)	1.2 ([-0.1] – 2.5)	0.9 (2.4)	3.8 (10.2)	2.9 (1.5-4.3)	Not calculated
Second dose of tetanus toxoid	17.2 (25.7)	53.0 (233.6)	35.8 (4.2 – 67.4)	16.3 (32.5)	69.3 (220.4)	53.0 (18.7 – 87.2)	0.36

*p-value only calculated if there is a significant change in PDQ facilities.

Findings:

- No significant change between the PDQ and control sites in the use of health facilities by women for antenatal or postnatal care, including those presenting for Tetanus immunization.

Analysis of Quality of health services

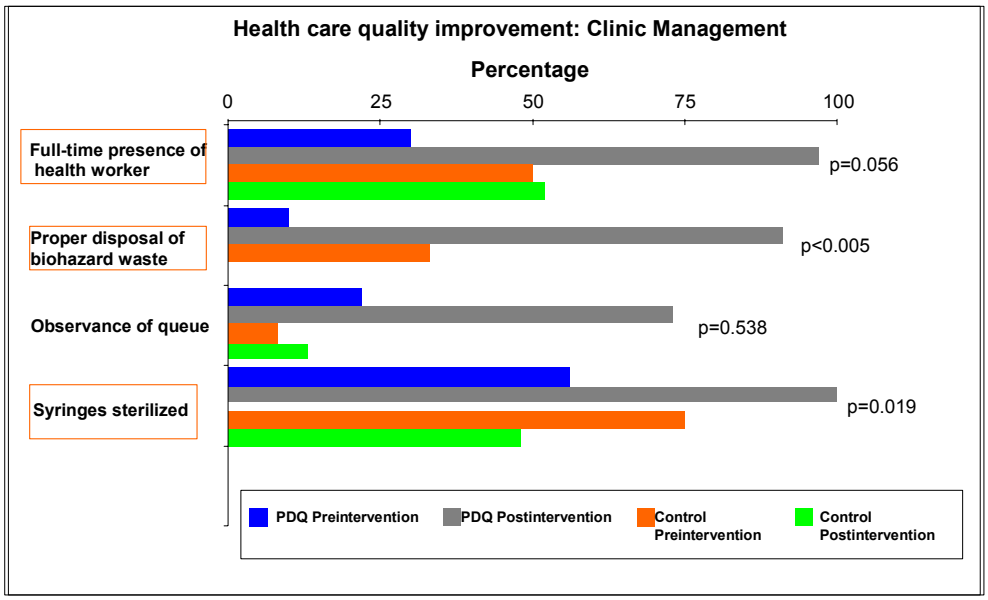
We obtained assessments regarding the quality of health care services in both PDQ and control facilities before and after the implementation of the intervention (Table 4)

Table 4 – Number of facilities where observation checklist was completed

	Preintervention	Postintervention
PDQ facilities	**10**	**33**
Control facilities	**12**	**25**

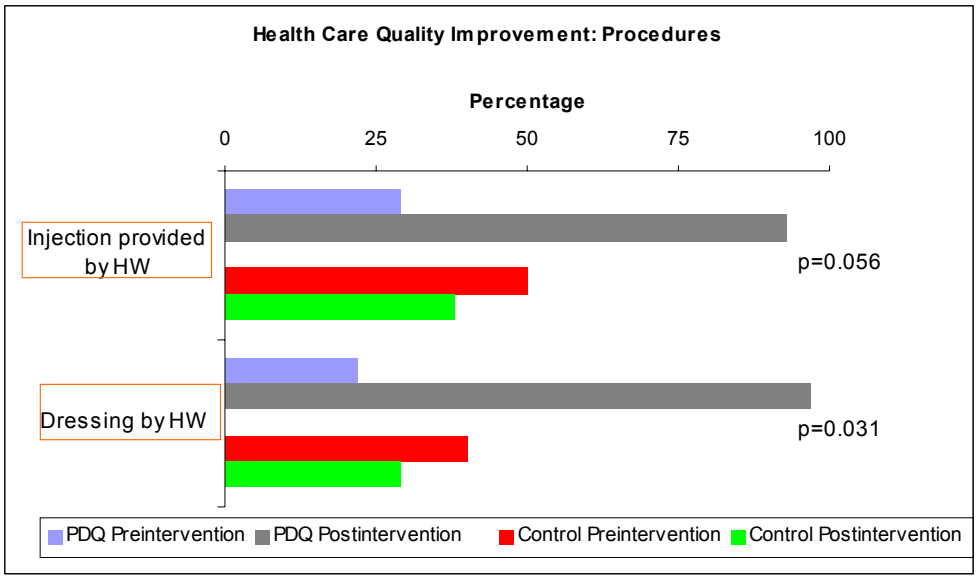
Assessing Facility Functioning:

- Presence of all Health workers throughout clinic hours,
- Proper disposal of biohazard waste,
- Observance of queue in patient consultations (except during emergencies)
- Sterilization of syringes



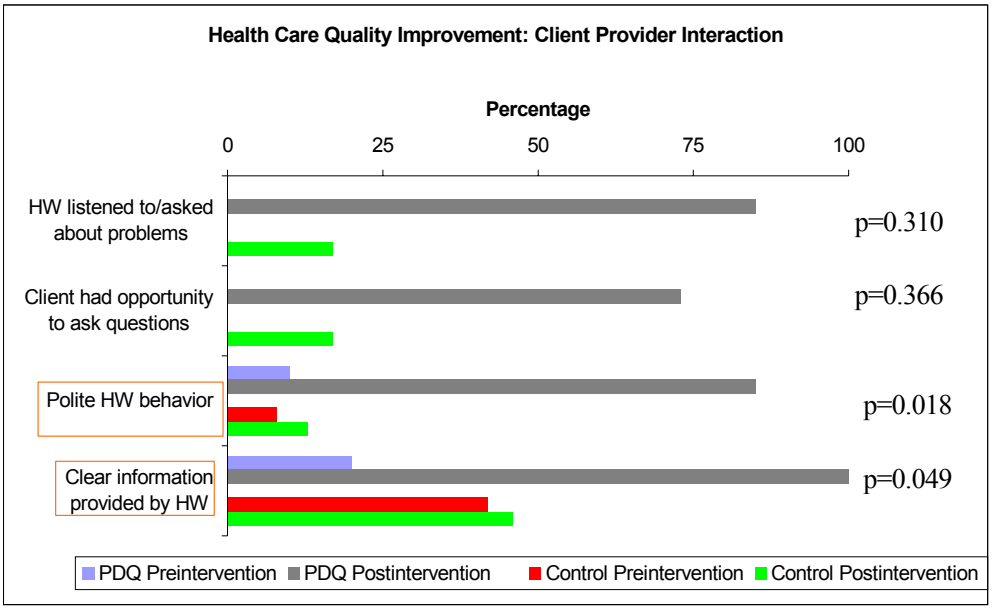
Assessing the Quality of procedures done at the facilities:

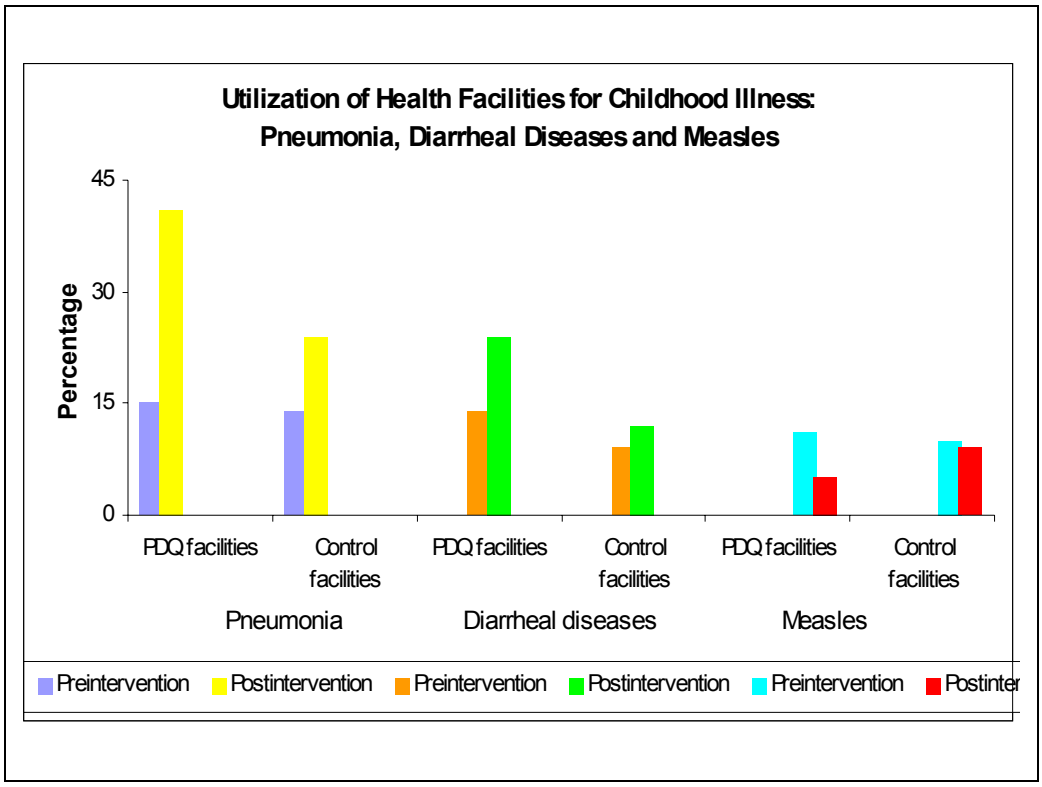
- Injections administered by Health workers only, and
- Wound dressing done by Health workers only

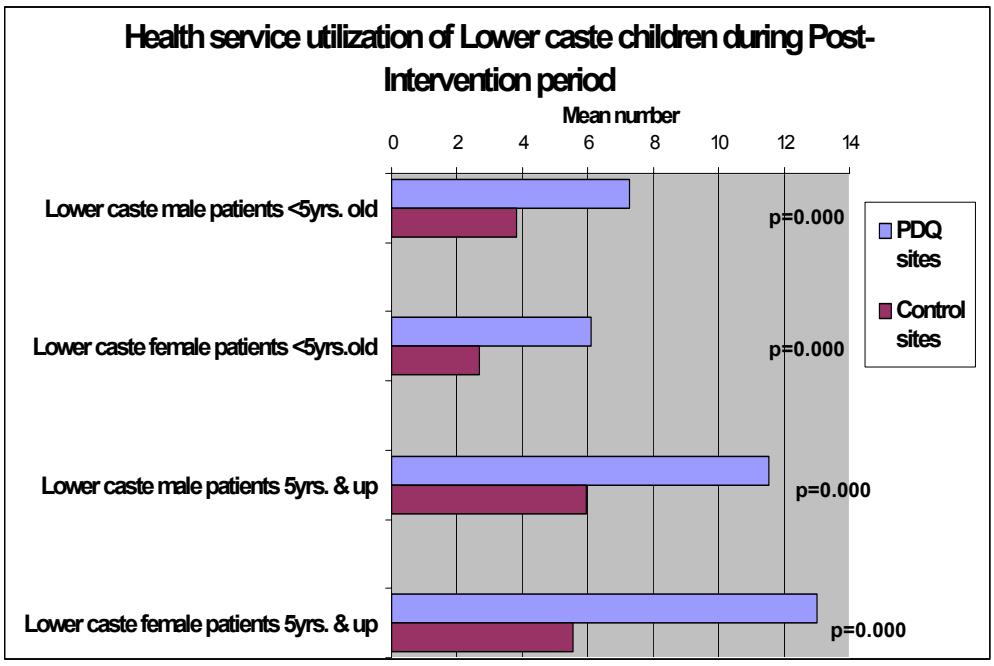


Assessing Health Worker behavior at the facilities:

- Use of four variables




Utilization of Health Facilities for Childhood Illness:
Pneumonia, Diarrheal Diseases and Measles
Percentage
45
30
15
0
PDQ facilities
Control facilities
PDQ facilities
Control facilities
PDQ facilities
Control facilities
Pneumonia
Diarrheal diseases
Measles
Preintervention
Postintervention
Preintervention
Postintervention
Preintervention
Postinter


Health service utilization of Lower caste children during Post-Intervention period
Mean number
0
2
4
6
8
10
12
14
Lower caste male patients <5yrs. old
p=0.000
Lower caste female patients <5yrs.old
p=0.000
Lower caste male patients 5yrs. & up
p=0.000
Lower caste female patients 5yrs. & up
p=0.000
PDQ sites
Control sites

WRAP UP SESSION

This is the end of the training. It is important to give the participants time to ask any remaining questions. Also in previous trainings time was allotted for participants to share what they felt their biggest challenge would be in implementing PDQ. The other participants offered suggestions on ways to overcome those obstacles.